

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 030 ***150.00

DOCUMENT # P02000109412

1. Entity Name
LAUGHING MATTERS ADVERTISING, INC.



Principal Place of Business
460 SOUTH ROSEMARY AVENUE
SUITE 201
WEST PALM BEACH FL 33401

Mailing Address
460 SOUTH ROSEMARY AVENUE
SUITE 201
WEST PALM BEACH FL 33401

90011521



2. Principal Place of Business
3961 Newport Ave
Suite, Apt. #, etc.

3. Mailing Address
3961 Newport Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL
Zip
33436
Country
USA

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Boynton Beach, FL
Zip
33436
Country
USA

4. FEI Number
32-0043410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARTE, RENE J
460 SOUTH ROSEMARY AVENUE
SUITE 201
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Rene' Harte
Street Address (P.O. Box Number is Not Acceptable)
3961 Newport Ave
City
Boynton Beach **FL** **Zip Code**
33436

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rene' Harte*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/24/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Drew Sattree
CITY-ST-ZIP	1605 SE 12th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Rene' Harte
CITY-ST-ZIP	3961 Newport Ave
CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03 561-963-0769

CR2E034 (10/02)