

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02663

FILED
Jan 08, 2004
Secretary of State

Entity Name: GOLD COAST KENTUCKY FRIED CHICKEN ADVERTISING CORPORATION

Current Principal Place of Business:

980 N. MILITARY TRAIL
WEST PALM BEACH, FL 334151320

New Principal Place of Business:

Current Mailing Address:

980 N. MILITARY TRAIL
WEST PALM BEACH, FL 334151320

New Mailing Address:

FEI Number: 59-2448156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARDER, RUSSELL J.,
Address: 980 N. MILITARY TRAIL
City-St-Zip: W. PALM BEACH, FL 33415

Title: VD () Delete
Name: ACREE, MICKEY,
Address: 980 N. MILITARY TRAIL
City-St-Zip: W. PALM BEACH, FL 33415

Title: SD () Delete
Name: GAVILON, JUAN,
Address: 2222 N FEDERAL HWY
City-St-Zip: DELRAY BCH, FL 33483

Title: TD () Delete
Name: CARR, JIM,
Address: 514 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL J. WARDER

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01/08/2004

Electronic Signature of Signing Officer or Director

Date