


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90985 049 ***150.00

DOCUMENT # P03000149683 1. Entity Name FRANCHISE ADVERTISING SERVICES, INC.					
Principal Place of Business 1801 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33409 US			Mailing Address 1801 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33409 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0484834	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARY, DAVID E 1801 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME RAY TITUS, P D <input type="checkbox"/> Delete STREET ADDRESS 1801 AUSTRALIAN AVE. S. CITY-ST-ZIP WEST PALM BEACH, FL 33409			TITLE NAME P D <input type="checkbox"/> Change <input type="checkbox"/> Addition TITUS, RAY STREET ADDRESS 1801 AUSTRALIAN AVE. S. CITY-ST-ZIP WEST PALM BEACH, FL 33409		
TITLE NAME TS D <input type="checkbox"/> Delete STREET ADDRESS LEE, ELLEN CITY-ST-ZIP 1801 AUSTRALIAN AVE S. WEST PALM BEACH, FL 33409			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Ray Titus Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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MOORE CR2E034 (11/03)

Date Daytime Phone #