2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000153767 1. Entity Name TF ADVERTISING SALES, INC. Principal Place of Business Mailing Address 8390 N.W. 25 STREET 8390 N.W. 25 STREET MIAMI, FL 33122 MIAMI, FL 33122 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0586486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SALZMAN, RICHARD B 8390 N.W. 25 STREET MIAMI, FL 33122 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000259337 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME POLLAK, FREDERICK J STREET ADDRESS 8390 N.W. 25 STREET MIAMI, FL 33122 CITY-ST-7IP TITLE GARCIA, JILL NAME 8390 N.W, 25 STREET STREET ADDRESS MIAMI, FL 33122 CITY-ST-7IP TITLE SALZMAN, RICHARD B NAME 8390 N.W. 25 STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33122 IN THIS SPACE TITLE DIR. POLLAK, FREDERICK J NAME STREET ADDRESS 8390 N.W, 25 STREET CITY-ST-ZIP MIAMI, FL 33122 TITLE BLANCO, GUSTAVO NAME 8390 N.W._25 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECT

JIW/

5.640.2054

FILED