

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT ***

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000164213 1. Entity Name AD PRIVATE EQUITY, INC.	
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Principal Place of Business 1515 N. FEDERAL HIGHWAY STE 3000, OFFICE #29 BOCA RATON, FL 33432	Mailing Address 1515 N. FEDERAL HIGHWAY STE 3000, OFFICE #29 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4087526	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NESBETH, AUTUMN
C/O SIG
1515 N. FEDERAL HWY S-3000, OFFICE #29
BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANTCHIK, ARTHUR 401 CITY AVENUE, S=220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, BRIAN 401 CITY AVENUE, S=220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENBERG, JOEL 401 CITY AVENUE, S=220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/08-80058-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Brian Sullivan 3/24/2008 610-617-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #