

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90010 047 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P06000046824</b>   |  |  |  |  |  |
| 1. Entity Name<br><b>CSD ADVERTISING, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>5767 SHIRLEY STREET<br/>NAPLES, FL 34109</b>   |  |  | Mailing Address<br><b>5767 SHIRLEY STREET<br/>NAPLES, FL 34109</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>20-4694264</b>  |  |
|  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCIALDO, CLAUDINE E<br/>5767 SHIRLEY STREET<br/>NAPLES, FL 34109</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 re-registering) DATE _____  |  |  |  |   |  |
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DPST<br/>SCIALDO, CLAUDINE E<br/>5767 SHIRLEY STREET<br/>NAPLES, FL 34109</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <u>Claudine Harvey</u> <u>Claudine Harvey</u> / 30/2007 239-594-8990  |  |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR  |  |  |  |   |  |

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04302007 Chg-P CR2E034 (12/06)