2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136380

FILED Feb 09, 2007 Secretary of State

Entity Name: NATIONAL AD SALES, INC. **Current Principal Place of Business: New Principal Place of Business:** 838 AIRPORT RD. DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** 838 AIRPORT RD DESTIN, FL 32541 FEI Number: 20-5793862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, LUNN MURPHY, LYNN 838 AIRPÓRT RD. 838 AIRPÓRT RD. DESTIN, FL 32541 US US DESTIN, FL 32541 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: LYNN MURPHY 02/09/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EARLES, CHARLES E Name: Name: 838 AIRPORT RD. Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: NODLIN. KIMBERLY S Name: MODLIN, KIMBERLY S 838 AIRPORT RD. 838 AIRPORT RD. Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 () Delete Title: Title: () Change () Addition CHRISTENSEN, ROBERT L Name: Name: 838 AIRPORT RD. Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition EARLES, CHARLES E Name: Name: Address: 838 AIRPORT RD. Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: TREESE, HARRY S Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KIMBERLY S. MODLIN S 02/09/2007

3901 W. WACO DR.

WACO, TX 76710

Address: City-St-Zip: