

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P34560		
1. Entity Name ALL-WAYS ADVERTISING COMPANY		
Principal Place of Business 1442 BROAD STREET BLOOMFIELD, NJ 07003		Mailing Address 1442 BROAD STREET BLOOMFIELD, NJ 07003
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LIEBERMAN, ROBERT JAY 1442 BROAD STREET BLOOMFIELD, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOUGHLIN 1442 BROAD STREET BLOOMFIELD, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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><i>F. D. Loughlin, V.P. Finance & Secretary</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/5/03</u> <u>(973) 338-0700</u> <small>Date Daytime Phone #</small>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-1934194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000004041
01/14/04-BDD12-006 150.00

**DO NOT WRITE
IN THIS SPACE**