## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attac

SIGNATURE:

## FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P93000070687 1. Entity Name SLEEPING GIANTS ADVERTISING & CREATIVE SERVICES. 01-20-2000 90239 028 \*\*\*150.00 Mailing Address Principal Place of Business 225 N FEDERAL HWY 225 N FEDERAL HWY SUITE 650 SUITE 650 POMPANO BEACH FL 33062-4323 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0444845 Not Applicable Country\_ \$8.75 Additional Zip\_ . Country . \_\_. Zip \_\_\_\_\_ 5." Certificate of Status Desired - . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) 7280 W. PAlmetto RACK RA HERSCHBEIN, IRA 7777 GLADES RD STE 209 $\mathcal{M}_{Q}$ Suite **BOCA RATON FL 33434** City Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, tvs FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its into 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to a $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. V0 Change ☐ Addition TITLE TITLE ☐ Delete NAME Goodwin, Glen N NAME GOODWIN, GLEN N 6578 DELPA LYVE NºM. STREET ADDRESS STREET ADDRESS 2108 S BLVD SUITE 113 concorde, NC 28027 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28203 Change .g.v Addition Delete TITLE TITLE Rominger, sandy NAME ROMINGER, SANDY NAME STREET ADDRESS 4874 N. Hemingway Circle STREET ADDRESS 5410 LYONS ROAD #104 CITY-ST-ZIP CITY-ST-7IP COCONUT CREEK FL 33073 **Addition** □ Change TITLE ☐ Delete TITLE NAME NAME HERNANDEZ, REY STREET ADDRESS STREET ADDRESS 311 OREGON LANE CITY-ST-ZIP Baca RATON FL 33487 CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ ] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the indicated on this report