FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| 1996 | | Secretary of State DIVISION OF CORPORATIONS | | | | |
|--|--------|---|--|--|--|--|
| DOCUMENT # P93000080492 (0) 1. Corporation Name | | | | | | |
| KENT ADVERTISING, | INC. | | | | | |
| Principal Place of Business | Mailir | ng Address | | | | |
| 4011 PALM DR RAVENSWOOD PARK STE 1 LEESBURG FL 34748 | RA | I1 PAL DR VENSWOOD PARK STE 1 ESBURG FL 34748 | | | | |

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| 1. Corporation | ADVERTISING, INC. | 00008049 | 2 (0) | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Principal Place | of Business | Mailing Addre | SS SS | | | 17 40 001 50 401 1474 | | ia 18116 191 1281 |
| 4011 PALM DR RAVENSWOOD PARK STE 1 RAVENSWOOD PARK LEESBURG FL 34748 LEESBURG FL 34748 US US | | OD PARK STE 1 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 11/15/1993 | | 3a. Date of Last Report 06/07/1995 | |
| 2. Principal Pi | ace of Business | 2a. Mailing Ad | dress | | 4. FEI Number | | | Applied For |
| Suite, Apt. | #. elc | 26 Suite, Apt. | # ote | | 59-3220609 | | | Not Applicable |
| 22 City & State | | 27 | | 7771104 | 5. Certificate of Status Desired | | | Additional Required |
| 23 | , | City & State | e | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zip | Country | Zip | Cor | untry | 8. This corporation has liability for | intangible tax ı | | d to Fees |
| 24 | 25 | 29 | 30 | | | No DNo | inder 5 | 188.002, |
| | 9, Name and Address of Cu | rrent Registered Agen | rt | | 10. Name and Address of New I | Registered Ag | ent | |
| 1/51/55 1 | APPRO I | | | 81 Name | | | | |
| KENT, E | sahnt L NL DR RAVENSWOOD PARK | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptal | ole) | *************************************** | |
| STE 1 | AT DU MAKENSHIOOD LAUK | | | 83 | | | | |
| | IRG FL 34748 | | | | | | | 1 |
| | 101601710 | | | 84 City | | FL | 85 Zij | Code |
| 11. Pursuant t or register familiar wit | o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, \$ | 0502 and 607.1508, Flori Florida. Such change wa Section 607.0505, Florida | ida Statutes, the abo is authorized by the a Statutes. | ve-named corporation's bo | oration submits this statement for the pu ard of directors. I hereby accept the app | rpose of chang ointment as reg | ing its r gistered | egistered office agent. I am |
| SIGNATURE | | | | | | | | |
| 12. | Signature, typed or printed name of registered a | | | l Agorit signature requi | | DATE | | |
| TITLE | PD | AND DIRECTORS | 13. LETE 1.11 | 171.6 | ADDITIONS/CHANGES TO OFF | | ··· | |
| NAME | KENT, BARRY L | ي د ي | 12 N | | · | L.) ' | Change | Addition : |
| STREET ADDRESS | 4011 PALM DR RAVENWOOD PARK STE 1 | | | IREET ADDRESS | | | | ļ |
| CITY-ST-ZIP | LEESBURG FL | | | TY-S1-ZIP | | | | |
| TITLE | ST | ☐ DE | | | | | Change | Addition |
| NAME | KENT, LYNDA B | | 2.2 N | AME | | • | | |
| STREET ADDRESS | | | 2.3 \$ | TREET ADDRESS | | | | |
| D(TY-SI-Z)P | LEESBURG FL | | | ITY-ST-ZIP | | | | |
| TITLE | | ☐ DE | | | | | Change | Add tion |
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| CITY-ST-ZIP | | | | TREET ADDRESS | | | | |
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| NAME | | | 4.2 N | ł | | L) (| Change | ☐ Addition |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | |
| TITLE | | ☐ DE | | | | П | hange | Addition |
| NAME | | | 5.2 N | AME | | <u> </u> | gv | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDRESS | | | | |
| CITY-ST-ZIP | · | | | TY-ST-ZIP | | | | ł |
| TITLE | | DE | LETE 61T | TLE | | | hange | Addition |
| NAME | | | 6.2 NA | kME | | | | |
| STREET ADDRESS | | | 6.3 S1 | HEET ADDRESS | | | | |
| CITY-S1-ZIP | certify that the information or anti- | ad with this fline is usli- | 6.4 Ci | TY-ST-ZIP | for the exemption stated in Section 119 | | | |

certify that the information supplied with this lining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this couple from the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 chapters or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

352360/006 Daytime Phone +