2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P93000080492 1. Entity Name 05-17-2001 91350 038 ***183.34 KENT ADVERTISING, INC. Principal Place of Business Mailing Address 2290 KNOLLWOOD DR PO BOX 492551 STE 3. LAKE POINTE LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3220609 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name KENT, BARRY L Street Address (P.O. Box Number is Not Acceptable) 2290 KNOLLWOOD DR LAKE POINTE LEESBURG FL 34748 City Zio 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. CR2E034 (10/00) TITLE □ Delete TITLE Change ☐ Addition KENT, BARRY L NAME NAME STREET ADDRESS STREET ADDRESS 2290 KNOLLWOOD DR CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change TITLE ST Delete TITLE Addition KENT, LYNDA B NAME NAME 2290 KNOLLWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Leesburg fl __ Change___ Addition_ TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 divises exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

FILED



KENT ADVERTISING INC.

Affachmank

2290 KNOLLWOOD DRIVE · LAKE POINTE · LEESBURG · FL 34748 · PO BOX 492551 · LEESBURG · FL 34749-2551 Telephone & Fax (352) 360-1006 · Email: kentads@digital.net

H 930008048

5/7/2001

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS

Dear Sirs,

I work alone in a small business and am responsible for filing all official forms and payments myself.

do not wish to make excuses for my lateness but various circumstances stood in the way of my filing the enclosed report on time.

A \$400 fine would set me back considerably and I would like to request here that I pay a fine proportionate to one month late fee of \$33.34 plus the filing fee of \$150 for which I enclose a check totalling \$183.34.

I apologize for my slackness. If you insist on the full penalty please let me know and I will pay it.

Hoping that you will consider and accept the above.

Again, my apologies,

Yours Sincerely,

Barry Kernt