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Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90073 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028038

1. Entity Name

AKISS ADVERTISING, INC

90042808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Ponce De Leon Blvd	2100 Ponce De Leon Blvd
Suite, Apt. #, etc. Suite 1070	Suite, Apt. #, etc. Suite 1070
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country	Zip 33134 Country

4. FEI Number 65-0483757 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name CHARLOTTE SEGRE

Street Address (P.O. Box Number is Not Acceptable) 1417 SANTA CRUZ AVE

City CORAL GABLES FL Zip Code 33134

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SEGRE, CHARLOTTE A
STREET ADDRESS	1417 SANTA CRUZ AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte A. Segre 2/27/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)