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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000047782 (5)

1. Corporation Name  
ROADRUNNER ADVERTISER, INC.

Principal Place of Business  
4809 GEORGIA AVE.  
WEST PALM BEACH FL 33405

Mailing Address  
4809 GEORGIA AVE.  
WEST PALM BEACH FL 33405-2811



3. Date Incorporated or Qualified  
06/23/1994

3a. Date of Last Report  
03/28/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
65-0504360

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEONE, PHILIP E. C  
LEON & ASSOCIATES, PA  
11000 PROSPERITY FARMS ROAD, SUITE 104  
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   |  |
| NAME                       | HALDEN, KEITH W          | 1.2 NAME  |  |
| STREET ADDRESS             | 4809 GEORGIA AVE.        | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | WEST PALM BEACH FL 33405 | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 2.1 TITLE   |  |
| NAME                       |                          | 2.2 NAME  |  |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 3.1 TITLE   |  |
| NAME                       |                          | 3.2 NAME  |  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 4.1 TITLE   |  |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 5.1 TITLE   |  |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 6.1 TITLE   |  |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith W. Halden. (KEITH W. HALDEN) 3-6-97 561-836-0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)