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FILED  
Apr 17 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 # P94000069328 (0)

1. Corporation Name

ADS MEDIA SERVICES, INC.



Principal Place of Business

10800 BISCAYNE BLVD SUITE 650  
MIAMI FL 33161

Mailing Address

10800 BISCAYNE BLVD SUITE 650  
MIAMI FL 33161-7496

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OXSALIDA, KENNETH  
10800 BISCAYNE BLVD SUITE 650  
MIAMI FL 33161

4. FEI Number

65-0557290

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Type: For printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	OXSALIDA, KENNETH	1.2 NAME	
STREET ADDRESS	10800 BISCAYNE BLVD. STE. 650	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	
NAME	OXSALIDA, CHERYL	2.2 NAME	
STREET ADDRESS	10800 BISCAYNE BLVD. STE. 650	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	
NAME	OXSALIDA, ROBERT JR	3.2 NAME	
STREET ADDRESS	10800 BISCAYNE BLVD. STE. 650	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33161	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: KENNETH OXSALIDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4/11/97

365  
K892872

Daytime Phone #

0210487

CR2E034 (9/96)