

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000069328**

1. Entity Name

ADS MEDIA SERVICES, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91573 019 ***150.00

Principal Place of Business

**10800 BISCAYNE BLVD SUITE 650
MIAMI FL 33161**

Mailing Address

**10800 BISCAYNE BLVD SUITE 650
MIAMI FL 33161**

2. Principal Place of Business

8603 N.E. 2ND AVENUE

3. Mailing Address

8603 N.E. 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0557290

Applied For

Not Applicable

Zip

33138-3003

Country

DADE

Zip

33138-3003

Country

DADE5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OXSALIDA, KENNETH
10800 BISCAYNE BLVD SUITE 650
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8603 N.E. 2ND AVENUECity
MIAMI**FL**Zip Code
33138-3003

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OXSALIDA, KENNETH
10800 BISCAYNE BLVD. STE. 650
MIAMI FL 33161** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
OXSALIDA, CHERYL
10800 BISCAYNE BLVD. STE. 650
MIAMI FL 33161** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
OXSALIDA, ROBERT JR
10800 BISCAYNE BLVD. STE. 650
MIAMI FL 33161** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8603 N.E. 2ND AVENUE
MIAMI, FL 33138-3003** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8603 N.E. 2ND AVENUE
MIAMI, FL 33138-3003** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8603 N.E. 2ND AVENUE
MIAMI, FL 33138-3003** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE: **X****KENNETH OXSALIDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

Daytime Phone #

CR2E034 (10/00)