

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90314 048 ***150.00

DOCUMENT # P94000069328

1. Entity Name
ADS MEDIA SERVICES, INC.



Principal Place of Business
8603 NE 2ND AVENUE
MIAMI FL 33138-3003

Mailing Address
8603 NE 2ND AVENUE
MIAMI FL 33138-3003

2. Principal Place of Business
12000 Biscayne Blvd
Suite, Apt. #, etc.
Suite 607

3. Mailing Address
12000 Biscayne Blvd
Suite, Apt. #, etc.
Suite 607

City & State
North Miami, FL

City & State
North Miami, FL

Zip
33181-2703

Country
Dade

Zip
33181-2703

Country
Dade

4. FEI Number 65-0557290

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OXSALIDA, KENNETH
8603 NE 2ND AVENUE
MIAMI FL 33138-3003

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12000 Biscayne Blvd
Suite 607
City
North Miami **FL** **Zip Code**
33181-2703

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 KENNETH OXSALIDA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OXSALIDA, KENNETH 8603 NE 2ND AVENUE MIAMI FL 33138-3003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OXSALIDA, CHERYL 8603 NE 2ND AVENUE MIAMI FL 33138-3003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OXSALIDA, ROBERT JR 8603 NE 2ND AVENUE MIAMI FL 33138-3003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12000 Biscayne Blvd Suite 607 North Miami, FL 33181-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12000 Biscayne Blvd Suite 607 North Miami, FL 33181-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12000 Biscayne Blvd Suite 607 North Miami, FL 33181-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment without address, or all other like empowered.

SIGNATURE: X KENNETH OXSALIDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/27/03

Daytime Phone #

CR2E034 (10/02)