

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000009263 (1)**

1. Corporation Name  
**NETWORK ADVERTISING, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>24 NE 24TH AVENUE<br/>POMPANO BEACH FL 33062<br/>US</b> | Mailing Address<br><b>P.O. BOX #405<br/>POMPANO BEACH FL 33061-0405<br/>US</b> |
|---|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>24 Zip 25 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip 29 Country |  | 3. Date Incorporated or Qualified<br><b>02/03/1995</b>  | 3a. Date of Last Report<br><b>04/10/1996</b> |
|  |  |   |  | 4. FEI Number<br><b>65-0553080</b>  | Applied For<br>Not Applicable                |
|  |  |   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
|  |  |   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
|  |  |   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>AMERILAWYER<br/>343 ALMERIA AVE.<br/>CORAL GABLES FL 33134</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>VINCENT GERARDI</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>24 N.E. 24 AVENUE</b><br>83<br>84 City <b>POMPANO BEACH</b> FL 85 Zip Code <b>33062</b> |  |
|--|--|--|--|---|--|

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 *Vincent Gerardi* (NOTE: Registered Agent signature required when reinstating) DATE **4-22-97**

|                            |                        |                   |                  |   |          |                    |                 |
|----------------------------|------------------------|-------------------|------------------|---|----------|--------------------|-----------------|
| 12. OFFICERS AND DIRECTORS |                        |                   |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 1.1 TITLE   | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| P                          | GERARDI, VINCENT SR.   | 24 NE 24TH AVENUE | POMPANO BEACH FL |   |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 2.1 TITLE   | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| VPST                       | MANFREDONIA, SALVATORE | 24 NE 24TH AVENUE | POMPANO BEACH FL |   |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 3.1 TITLE   | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
|                            |                        |                   |                  |   |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 4.1 TITLE   | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
|                            |                        |                   |                  |   |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 5.1 TITLE   | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
|                            |                        |                   |                  |   |          |                    |                 |
| TITLE                      | NAME                   | STREET ADDRESS    | CITY-ST-ZIP      | 6.1 TITLE   | 6.2 NAME | 6.3 STREET ADDRESS | 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: *Vincent Gerardi* DATE: **4-22-97** 954-7840450

CR2E034 (9/96)