

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027464

1. Entity Name

AD DIRECTIONS INCORPORATED

Principal Place of Business

Mailing Address

6405 NW 36 ST
STE. # 100
MIAMI, FL 33166

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0645269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/D/ST
NAME: DIAZ, LILIA R
STREET ADDRESS: 6405 NW 36 ST STE. # 100
CITY-ST-ZIP: MIAMI, FL 33166

TITLE: 300004494073-9
NAME: -07/24/01--01089--011
STREET ADDRESS: *****61.25 *****61.25
CITY-ST-ZIP:

TITLE: VP/D
NAME: FEISOO, ANTONIO
STREET ADDRESS: 6405 NW 36 ST STE. # 100
CITY-ST-ZIP: MIAMI, FL 33166

TITLE: VP/D
NAME: PEREZ, ANGEL
STREET ADDRESS: 6405 N.W. 36 ST STE. # 100
CITY-ST-ZIP: MIAMI, FL 33166

TITLE: VP/D
NAME: PEREZ, ANGEL
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CITY-ST-ZIP: MIAMI, FL 33166

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 another like empowered.

SIGNATURE:

LILIA R. DIAZ PRESIDENT

7/11/2001 305-671-0242

Date

Daytime Phone #

CR2E034 (11/00)