2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P95000032055 BS ADVERTISING AND PROMOTIONS, INC. 04-14-2008 90055 007 ***158.75 Principal Place of Business Mailing Address 1600 LEE ROAD 1600 LEE ROAD WINTER PARK, FL 32789 WINTER PARK, FL 32789 US 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3378342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KISIO, JAMES P.A. DO NOT WRITE 555 SYLVAN WINTER PARK, FL 32789 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MURPHY, WILLIAM J NAME STREET ADDRESS 1600 LEE ROAD CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 cath; 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 with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

ATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR