FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2001 8:00 am DOCUMENT # P95000082483 Secretary of State 1. Entity Name 06-04-2001 90013 032 ***150.00 WILLIAM HARRIS ADVERTISING, INC. Principal Place of Business Mailing Address 621 NW 53RD STREET 621 NW 53RD STREET STE 175 **STE 175** BOCA RATON FL 33487 **BOCA RATON FL 33487** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0623240 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADLER, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 2396 N.E. 172ND ST. NORTH MIAMI BEACH FL 33160 City 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. (NOT Registered Agent signature required when reinstating) DATE FILE NOW !! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete **X** Change Addition TIFLE PTD PTD BROWN, JASON H NAME BROWN, JASON H IIII-B RUSSELL DRIVE STREET ADDRESS STREET ADDRESS 559608 ARBOR CLUB WAY, #13 Highland Bouch, FL 33487 CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33433** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITI E ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify fir 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE: OR DIRECTOR

with all other like empowered

JASON BROWN, PRESIDENT

Daytime Phone #