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Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90042 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001448

1. Entity Name
MEDIA SERVICES ADVERTISING, INC.

50055553

Principal Place of Business	Mailing Address
4563 CHANCERY CT CARLSBAD, CA 92008 US	4563 CHANCERY CT CARLSBAD, CA 92008 US

07132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2928 Jefferson St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2-E	
City & State		City & State Carlsbad CA	
Zip	Country	Zip 92008	Country USA

4. FEI Number 65-0632927 ☐ 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
TALL, MICHAEL H 990 NW 16 STREET STUART, FL 34994	Name Michael H. Tall Street Address (P.O. Box Number is Not Acceptable) 5048 Lantana Road #5304 City Lake Worth FL Zip Code 33463

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALL, BRUCE W 4563 CHANCERY ST CARLSBAD, CA 92008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→92010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE: Bruce W. Tall 7/13/05 760-434-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #