


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000035793 1. Entity Name METROPOLIS ADVERTISING & DESIGN, INC.	
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Principal Place of Business
749 N GARLAND AVE
#202
ORLANDO, FL 32801

Mailing Address
749 N GARLAND AVE
#202
ORLANDO, FL 32801



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYROLD, BRENT
749 N GARLAND AVE
STE 202
ORLANDO, FL 32801

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U000000195395
01/26/05-80026-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MYROLD, BRENT
STREET ADDRESS	749 N GARLAND AVE STE 202
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	PT
NAME	KENT, KEVIN
STREET ADDRESS	749 N GARLAND AVE STE 202
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	VP
NAME	BOYNTON, KEVIN
STREET ADDRESS	749 N GARLAND AVE STE 202
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/05 4178358080