

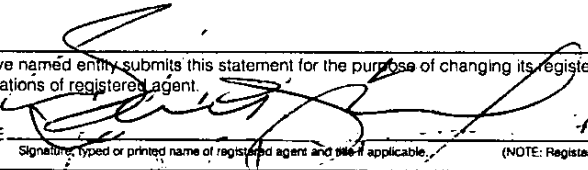
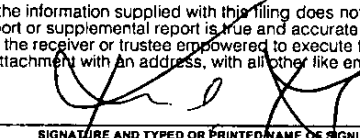


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90001 012 ***150.00

DOCUMENT # P96000035793					
1. Entity Name METROPOLIS ADVERTISING & DESIGN, INC.					
Principal Place of Business 749 N GARLAND AVE #202 ORLANDO, FL 32801			Mailing Address 749 N GARLAND AVE #202 ORLANDO, FL 32801		
2. Principal Place of Business 714 W. SMITH ST Suite, Apt. #, etc.		3. Mailing Address 714 W. SMITH ST Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3376131	
Zip 32804		Country US		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			7. Name and Address of New Registered Agent Name: MYROLD, BRENT Street Address (P.O. Box Number is Not Acceptable): 714 W. SMITH ST City: ORLANDO FL Zip Code: 32804		
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: 1/23/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO	NAME MYROLD, BRENT		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 749 N GARLAND AVE STE 202	CITY-ST-ZIP ORLANDO, FL 32801			STREET ADDRESS 714 W. SMITH ST	CITY-ST-ZIP ORLANDO, FL 32804
TITLE PT	NAME KENT, KEVIN		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 749 N GARLAND AVE STE 202	CITY-ST-ZIP ORLANDO, FL 32801			STREET ADDRESS 714 W. SMITH ST	CITY-ST-ZIP ORLANDO, FL 32804
TITLE VP	NAME BOYNTON, KEVIN		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 749 N GARLAND AVE STE 202	CITY-ST-ZIP ORLANDO, FL 32807			STREET ADDRESS 714 W. SMITH ST	CITY-ST-ZIP ORLANDO, FL 32804
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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: 			Date: 1/23/06 Daytime Phone #: 407 835 8080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					