## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 08:00 A Secretary of State

| 1. Entity Narr   | MENT # P9600005722  VERTISING, INC.  |   |  |  | ·   |  | ary or a  |
|--|--|---|--|--|---|--|---|
| 12805 SW 84 TH AVENUE RD 1   |  | Mailing Address<br>12805 SW 84 TH AVENUE RD<br>MIAMI, FL 33156  |  | 11541151111  | I (548 BUUL 1101 1101 1101 110  |  | 1 <b>3</b>  |
|  |  |   |  |  |   | •  |   |
| D  | O NOT WRITE I  | CE.   | 04072008 4. FEI Numbe 65-068 5. Certificate                    |  |   | Applied For Not Applicable  75 Additional Required     |   |
| TELISMAN<br>12805 SW<br>MIAMI, FL  | 84TH AVE RD  | stered Agent  |  | · 27 4 5 .   | NOT W<br>THIS SP  | a naman a ili  |   |
| 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  Signature typed or printed name of registered agent and title if applicable  (NOTE Registered Agent algorithm required when reliatating)  DATE |  |   |  |  |   |  |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |   |  | .00 May Be<br>led to Fees                                  | V0000<br>V5/V5/V8   | J905340<br>-80018-0                                    | 14 150.00   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIRE  DP TELISMAN, ROCIO 12805 SW 84TH AVE . RD MIAMI, FL 33156 DST   | CTORS   |  |  |   |  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GROSS, LYNN<br>12805 SW 84 TH AVE. RD<br>MIAMI, FL 33156   |   |  |  |   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | :   |  |  | NOT W   |  |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  |   |  | IN 7   | THIS SP   | ACE  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |  |   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·  |   |  |  |   |  |   |
| 12. I hereby of indicated of the corchanged.   | certify that the information supplied with the<br>on this report or supplemental report is true<br>poration or the receiver or trustee or powers<br>or on an attact right with an applicas, with a | filing does not qualify for the exe<br>and accurate and that my signat<br>to execute this report as requir<br>all other like empowered. | mptions contained<br>ure shall have the t<br>ed by Chapter 607 | i in Chapter 119<br>same legal effec<br>7, Florida Statute | ), Florida Statutes. I<br>et as if made under o<br>es; and that my name | further certify the ath; that tam are appears in Bloom | at the information<br>officer or director<br>ck 10 or Block 11 if |