2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000010212 Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** ADVERTISING INCENTIVE SALES, INC. 02-16-2000 90019 012 ***158.75 Principal Place of Business Mailing Address 16350 MW 52ND AVE. 16250-NW-52ND-AVE:-LUAM FL 33014 MIAMI-FL 33014-8208 UBULBIAD 2. Principal Place of Business Laurel Ridge Circle 228 Laurel Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0744315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GREENFIELD. ALAN E Street Address (P.O. Box Number is Not Acceptable) C/O ADVERTISING INCENTIVE SALES, INC. - 16250 NW 52ND AVENUE -MIAMI FL 33014 ---Weston 331 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 Green Field (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 Addition TITLE ØP\$T Delete TITLE Chaiet, Gary 4228 Laurel NAME CHAIET, GARY NAME Ridge Circle 4228 STREET ADDRESS STREET ADDRESS 16250 N.W. 52ND AVENUE CITY-ST-ZIP Weston, FL CITY-ST-ZIP MIAMI FL-33014-☐ Addition TITLE ٧S ☐ Delete TITLE Chaiet, Allison 4228 Laurel Ridge Circle NAME CHAIET, ALLISON NAME STREET ADDRESS STREET ADDRESS 18250 NW 52ND AVE CITY-ST-ZIP Weston MIAMI-FL-33014 --Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment of the corporation of th