

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019937

1. Corporation Name
MOBILEADS USA, INC.

Principal Place of Business

2805 MARTIN LUTHER KING ST NO
ST PETERSBURG FL 33704

Mailing Address

2805 MARTIN LUTHER KING ST NO
ST PETERSBURG FL 33704

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90056 023 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3444031

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGRADY, THOMAS
7113 FIRST AVE SO
ST PETERSBURG FL 33707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SANDERSON, WILLIAM L
STREET ADDRESS 2805 MARTIN LUTHER KING ST NO
CITY-ST-ZIP ST PETERSBURG FL 33704

DELETE

TITLE SD
NAME MCGRADY, THOMAS
STREET ADDRESS 7113 1AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

DELETE

TITLE TD
NAME SCHATZEL, PETER
STREET ADDRESS 500 94 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33702

DELETE

TITLE D
NAME SHEAN, JACK
STREET ADDRESS 1385 50 AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33703

DELETE

TITLE D
NAME KOELSCH, JAMES
STREET ADDRESS 6414 1 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

DELETE

TITLE D
NAME FOX, LYNN
STREET ADDRESS 4550 2 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Thomas McGrady
J. THOMAS MCGRADY SEC.

4/7/99

727-345-3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)