

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000019937

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: MOBILEADS USA, INC.

Current Principal Place of Business:

2805 MARTIN LUTHER KING ST NO
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2805 MARTIN LUTHER KING ST NO
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-3444031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHETZEL, PETE
500 94TH AVE NORTH
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANDERSON, WILLIAM L
Address: 2805 MARTIN LUTHER KING ST NO
City-St-Zip: ST PETERSBURG, FL 33704

Title: SD () Delete
Name: MCGRADY, THOMAS
Address: 7113 1AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: TD () Delete
Name: SCHATZEL, PETER
Address: 500 94 AVE N
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: SHEAN, JACK
Address: 1385 50 AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: KOELSCH, JAMES
Address: 6414 1 AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: FOX, LYNN
Address: 4550 2 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. SANDERSON

DP

04/23/2002

Electronic Signature of Signing Officer or Director

Date