2000 UNIFORM BUSINESS REPORT (UBR)

4/4/6/

FILED
Jun 08, 2000 8:00 am
Secretary of State
04-06-2000 90127 001 ***300.00

DOCUMENT # P97000067525

1. Entity Name
DIRECTORY ADVERTISING SERVICES, INC.

Principal Place of Business	Mailing Address
SUITE 206 3211 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134	SUITE 206 3211 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134-7274

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6565 TAFT ST	6565 TAFT ST
Suite, Apt. #, etc. STE 201	Suite, Apt. #, etc. STE 201
City & State Hollywood FL	City & State Hollywood FL
Zip 33024 Country US	Zip 33024 Country US

4. FEI Number 65-0873685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PANOFF, ROBERT E ESQ
ROBERT E. PANOFF, P.A., SUITE 106
9400 SOUTH DADELAND BOULEVARD
MIAMI FL 33156
4/18/00
Neal Gary Rosenswieg, NEAL GARY ROSENSWEIG

7. Name and Address of New Registered Agent
Name NEAL GARY ROSENSWEIG, P.A.
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD STE 1035
City CORAL GABLES FL Zip Code 33134

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.

SIGNATURE Neal Gary Rosenswieg NEAL GARY ROSENSWEIG 6/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARSONS, JOSEPH SUITE 206, 3211 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARSONS, JOSEPH L 6565 TAFT ST STE 201 Hollywood FL 33024 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 with an address, with all other like empowered.

SIGNATURE: Joseph L Parsons JOSEPH L PARSONS 3-21-00 954 893-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #