2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000077820** 1. Entity Name ON THE BALL ADVERTISING, INC. 05-16-2000 90141 022 ***150.00 Principal Place of Business Mailing Address 3495 N. DIXIE HWY. #8 3495 N. DIXIE HWY. #8 BOCA RATON FL 33431-6036 **BOCA RATON FL 33431** 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0780355 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WARKE, ROBERT M Street Ad 3926 LOWSON BLVD. **DELRAY BEACH FL 33445** City 8. The above named entity submits this statement for the purpose of changing its registered on in the State of Florida (NOTE: Begist FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. CR2E034 (9/99) Addition TITLE TITLE ☐ Delete WARKE, ROBERT M NAME 3926 LOWSON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 autoplemental 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 redeiver or dustee endowered 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

561-394-8707

Daytime Phone #