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FILED
Jun 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 031 ***150.00

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DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106828 ✓

1. Entity Name

ACTIVE ADVERTISEMENT INC.

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2. Principal Place of Business	3. Mailing Address
7020 SW 39 CT	P.O. Box: 290521
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL.	City & State: DAVIE, FL.
Zip: 33314 Country: USA	Zip: 33329 Country: USA

4. FEI Number 311587107 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: FRANÇOIS PICHÉ

Street Address (P.O. Box Number is Not Acceptable): 7020 SW 39 COURT

City: DAVIE FL Zip Code: 33314

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: _____
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $560.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	FRANCOIS PICHÉ
STREET ADDRESS	7020 SW 39 CT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	VICE PRESIDENT
NAME	MARC C. MICHAUD
STREET ADDRESS	591 S.W. 130 TR.
CITY-ST-ZIP	DAVIE FL. 33325
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-17-02 (954) 850-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #