.200°	UNIFOR	M BUSII	NESS REPO	RT	(UBF	<b>2</b> )				į.
DOCU 1. Entity Nam	MENT #	J80000 1	3512					•		
Ad Art Electronic Sign Corporation						~	F	ILED		
Principal Place of Business Mailing Address							O1 AUG	22 PM 2	: <b>5</b> 6	
•							•	ARY OF STA		
							TALLAHA	SSEE, FLOI	RIDA	
Principal Place of Business     3. Mailing Address						,				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DQ	NOT WRITE IN T	HIS SPACE	
City & State			Suite 220 City & State				. FEI Number			Applied For
Zip Country  6. Name and Address of Current F			Charlotte WC				94332	_	\$8.75 A	Not Applicable
			28262	تُ	ŠA_		. Certificate of Status		Fee Requ	
Nama							Name and Address			
Marshall S. Harris					Street Ac	idress (P.O	Box Number is Not	/cceptable)	6 <u>60</u> 0	~ band
5029 Edgewater Dr. Orlando, FL 32810						120	31 Hay	s Stu	461	
City							hassee		FL ZigC	2301
8. The above	named entity submits	this statement for th	ne purpose of changing its r	egistere				State of Florida.		2301
SIGNATURE Deliarah 10. Skipper Deborah D. Skipper 8/22/01										
SIGNATURE	Signature, typed or printed nan	ne of registered agent and	title if applicable. (NOTE:	Registered	d Agen <b>ASS</b> L	Secreta	( stating)	ים	ATE .	
This corporation is eligible to satisfy its Intangible     Tax filling requirement and elects to do so.     After MAY 1, 2001							1	mpaign Financing Contribution.		.00 May Be
·	ria on back)	<b>X</b> .	Make Check Payabl	e to De		of State				
TITLE	Chairman /	OFFICERS AND DI	<b>⊠</b> Delete	12.			ADDITIONS/CHANGI		AND DIRECTO	
NAME	3 Willian	m Branc		NAME	-	20 N	T :2 29.	ay lor	nive s	`40 77
STREET ADDRESS CITY-ST-ZIP	5029 Ed.		32810		ET ADDRESS -ST-ZIP	$\sim \sim$	me call	WC:	スタスム	~ li
TITLE	President	1 Divect	ov ⊠ Delete	TITLE		Sec-	etary Led I vy Mc Cu au lotte	netter.	☐ Changi	e 🔀 Addition
NAME STREET ADDRESS	RESS 3133 North Ad Art Rd.				E Et address	201	me eu	llough r	urive, S	Suite 220
CITY-ST-ZIP	Y-ST-ZIP Stockton CA 95215					ch	aulotte	Νc		
TITLE NAME	ME Todd D. Thrasher				E					e
STREET ADDRESS	DRESS 5029 Edgewood Orive			STRE	ET ADDRESS		300	0 <b>0456</b> -08/28/01	<b>046</b> 3	31   -013
CITY-ST-ZIP	Vice President \$2810				- ST-ZIP			****550; (		
TITLE NAME	Peter N	line	- ^	TITLE					Change	C
STREET ADDRESS	I - V	orth Ad			ET ADDRESS - ST-ZIP					
CITY-ST-ZIP TITLE	Stocton	<u>ед</u>	95215 ⊠ Delete	TITLE					∽ ☐ Change	e Addition
NAME	Marshall	15. Haur	25	NAME	E			1.0	\	
STREET ADDRESS CITY-ST-ZIP	5029 Orland	Edgew	32810		ET ADDRESS -ST-ZIP			MIMI		İ
TITLE	Director	. <u>G</u>	∑ Delete	TITLE	:				☐ Change	Addition
NAME	Gary Be	· 🔿:	,	NAME	E Et addréss	*				
STREET ADDRESS 365 Only Place  CITY-ST-ZIP  Port Orange FL 32127					-ST-ZIP			V		
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 to										
SIGNATURE: (104) 548-1931										
SIGNAT	ure:	ands C. Vi	inta .	R DIRECT	OR		8/21	101 C	704) 5L Daytime Phone	