2007 FOR PROFIT CORPORATION & ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P98000041252 1. Entity Name ROBERT TIEMAN ADVERTISING, INC. Principal Place of Business Mailing Address 1624 NE 25TH ST. 1624 NE 25TH ST. FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FÉI Number Applied For 65-0831634 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo TIEMAN, ROBERT L 1624 NE 25TH ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33305 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition THILL Dolele THH TIEMAN, ROBERT L NAM NAMI 1624 NE 25 ST STREET ADDRESS STREET ADDRESS U000000725715 FT LAUDERDALE FL 33305 CITY+SU-7IP CITY-ST-ZIP /03<u>/07-80033-019 150.00</u> THEF Delcte Addition NAMI STREET ADDRESS STREET ADDRESS CHY+S1-ZIP CITY-S1-ZIP Addition TITLE ☐ Delete TOTAL ☐ Change NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITÝ ST-ZIP ШП Dolete Change Addition STREET ADDRESS SEREET ADDRESS CITY-S1-ZIP CITY-SI-7IP -THU Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY+S1-7IP ☐ Dolete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Tieman (ROBERT L. TIEMAN) 4/20/07 564-5452