## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name P98000042469 04-29-2000 90028 001 \*\*\*300.00 JAMES ALLEN ADVERTISING, INC. Principal Place of Business Mailing Address 1881 N.E. 26 St. 1881 N.E. 26 St. Suite 101 Suite 101 Wilton Manors, Fl. 33305 Wilton Manors, Fl. 33305 10731 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0841760 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cara Ebert Cameron, P.A. 2929 East Commercial Blvd. Street Address (P.O. Box Number is Not Acceptable) Suite 410 Ft. Lauderdale, Fl. 33308 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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) $\overline{D/P}$ Change ☐ Addition TITLE TITLE Bernier, Richard NAME NAME STREET ADDRESS 1881 N.E. 26 St., Suite 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wilton Manors, Fl. 33305 Change Addition TITLE D/S/T NAME NAME Garnett, Barclay STREET ADDRESS STREET ADDRESS 1881 N.E. 26 St., Suite 101 CITY-ST-7IP CITY-ST-ZIP Wilton Manors, Fl. 33305 ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernier April 20, 2000 954-537-7507