2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

7428 N. CITATION DR.

SUITE 104

P98000072342

Mailing Address

SUITE 124

14545-J MILITARY TRAIL

1. Entity Name

LIVE WIRE ADVERTISING COMPANY



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90122 006 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

US)	US					
	lace of Business	3. Mailing Address				:107 1 00 10 11 00 11011 1	
	Son Morino Blud	4115 San Maril	so Blood				
Suite, Apt.		Suite, Apt. #, etc.	ζ		☐ CHECK HERE IF MAKI	NG CHANGES	
City & Stat		City & State		<u> </u>	4. FEI Number CE 0004000	Ap	plied For
west	7,1	West ralm Be			65-0864286	No	t Applicable
_3340	9 Country USA	Zip 33409	Country USA		5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current F	legistered Agent			Name and Address of New Registere	d Agent	
5515100 I			Name (Name Reiziss, Brian G			
REIZISS, I			Street Address (P.O. Box Number is Not Acceptable)				
	CITATION DR.		4115 San Marino Blood Suite 203				
SUITE 104							
DELRAY E	BEACH FL 33445		City L	rest	- Palm Beach F	L Zip Code	
		the purpose of changing its re	gistered office or	registered	agent, or both, in the State of Florida. I a		
the obligati	ions of registered agent.	.			j	,	
SIGNATURE .	Bon D R	سير				103	
	Signature, typed or printed name of registered agent a	of the if applicable. (NOTE: F	Registered Agent signatur	e required who	en reinstating) DATI	<u> </u>	
<u>.</u> FI	LE NOW!!! FEE IS \$150.00				O Floring Compains Figure	A5 0	^
	May 1, 2003 Fee will be \$550.00				Election Campaign Financing Trust Fund Contribution.		O May Be to Fees
Make Check	Payable to Florida Department of	State			Took y and Gonkloston.	Added	10 1 003
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	SIN 11
TITLE	PDTS	☐ Delete	TITLE	POT	S	🔀 Change	☐ Addition
NAME	REIZISS, BRIAN		NAME	Reizi	SS Brien Blud	Sulte	203
STREET ADDRESS CITY-ST-ZIP	7428 N. CITATION DR., APT. 104 DELRAY BEACH FL 33445		STREET ADDRESS CITY-ST-ZIP	4115		E/ 7	3409
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NAME		☐ Delete	TITLE NAME			Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			·	
of the corp	on this report or supplemental report is t	rue and accurate and that my rered to execute this report as	signature shall hav	ve the sam	on 119.07(3)(i), Florida Statutes. I further on the legal effect as if made under oath; that orida Statutes; and that my name appears	Lam an officer of	or director

SIGNATURE:

SIGNATURE PARTIES OF SIGNATURE AND TYPED OR PRINTED NAME OF STRING OFFICER OR DIRECTOR