

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90206 016 \*\*\*150.00

DOCUMENT # P98000090820

1. Corporation Name  
SITES ADS INC.



Principal Place of Business  
1469 N.E. 53RD ST.  
FT LAUDERDALE FL 33334

Mailing Address  
1469 N.E. 53RD ST.  
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/26/1998

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1299 E. Commercial Blvd.

2a. Mailing Address  
26 1299 E. Commercial Blvd

Suite, Apt. #, etc.  
22 2nd Floor

Suite, Apt. #, etc.  
27 2nd Floor

City & State  
23 Ft. Lauderdale, FL

City & State  
28 Ft. Lauderdale, FL

Zip Country  
24 33334 25 U.S.

Zip Country  
29 33334 30 U.S.

9. Name and Address of Current Registered Agent

PARADOWSKI, MARK  
1469 N.E. 53RD ST.  
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Richard Morgan  
82 Street Address (P.O. Box Number is Not Acceptable)  
200 S Biscayne Blvd  
83 20th Floor  
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard A. Morgan 3-26-99  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARADOWSKI, MARK
STREET ADDRESS	1469 N.E. 53RD ST.
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MORTAN, RICHARD A
STREET ADDRESS	200 S. BISCAYNE BLVD. 20TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paula Gambrell
1.3 STREET ADDRESS	1299 E. Commercial Blvd, 2nd Floor
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eric Nolter
2.3 STREET ADDRESS	1299 E. Commercial Blvd, 2nd Floor
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33334
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: Paula Gambrell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date

Daytime Phone #

CR2E034 (1/98)