## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P99000013316 1. Entity Name EXCEPTIONAL ADVERTISING, INC. 04-23-2000 90021 036 \*\*\*150.00 Principal Place of Business Mailing Address 14951 N.E. 6TH AVENUE 14951 N.E. 6TH AVENUE MIAMI FL 33161 MIAMI FL 33161-2238 2. Principal Place of Business 3. Mailing Address P.O. BOX 951554 1093 ABERDOVEY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable AKE \$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 Name GOLDMAN, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES FL 33134 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITI F TITLE REDMAN , ROBERT REDMAN, RIBERT NAME 2310 N.E. 183 TERR. STREET ADDRESS STREET ADDRESS 14951 N.E. 6TH AVENUE 33160 CITY-ST-ZIP N. MIAMI BEACH, FL CITY-ST-ZIP **MIAMI FL 33161** TITLE Addition ☐ Delete TITLE COOPER , BRADLEY NAME NAME 1093 ARERDOVEY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY CITY-ST-ZIP TITLE ☐ Delete NAME N.E. QUAY BRIDGE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME

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 custee 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Ky T. COOPER 4/17/00 (407)804-950