2004 FOR PROFIT CORPORATION

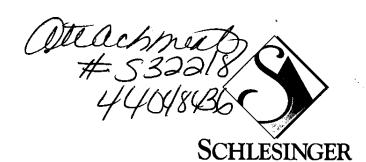
SIGNATURE:

Jul 14, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # S32218 07-14-2004 90004 015 ***150.00 SCHLESINGER ADVERTISING, INC. Principal Place of Business Mailing Address 501 GOODLEFFE RD N., B-206 P.O. BOX 10024 NAPLES, FL 34101 NAPLES, FL 34102 US US 2. Principal Place of Business 3. Mailing Address 501 Goodlette RdN Suite, Apt. #, etc. 07082004 CR2E034 (10/03) Chg-P B206 Applied For City & State 4. FEI Number 65-0251225 Not Applicable Zip Country Country \$8.75 Additional ℋℯℷ℩ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schles<u>inger</u> SCHLESINGER, JEFF Street Address (P.O. Box Number is Not Acceptable) 999 NINTH STREET SUITE 204 NAPLES, FL 34102 Goodlette RdN. 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 arm familiar with, and accept the obligations of register ed agent. **SIGNATURE** name of registered agent and line if applicable (NOTE: Recustered Agent signsture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST TITLE Delete TITLE Change ☐ Addition NAME SCHLESINGER, JEFF NAME 501 GOODLEFFE RD N., B-206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341025473 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ПΠЕ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #



DVERTISING



July 9, 2004

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

We request that the late charge of \$400.00 for renewing our corporation be waived. On July 8th, 2004 we were contacted by our previous accountant stating that there was a postcard sent to their P.O. Box in our name notifying us of the Division's intent to dissolve our corporation. They faxed us a copy of the post card, which we have enclosed. Prior to this we had not received notice that it was time to renew or that we were late in renewing our corporation.

This is the first time we have had a problem with renewal and considering that we did not receive the original post card reminder, we hope you will understand our request for waiving the late fee. Thank you for your cooperation and consideration in this matter.

Respectfully,

Jeff Schlesinger

President

JS/cr

CC: James W. Walker, P.A.

Encl. Copy of Post Card; Check for \$150; 2004 Application for Renewal

This is the lies on the more read a problem with expressed and considered in this matter. I seekly the control of the control

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Tallahassee, FL 32314-6198

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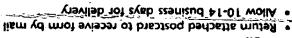
Division of Corporations

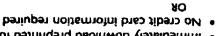
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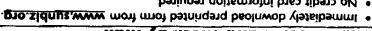












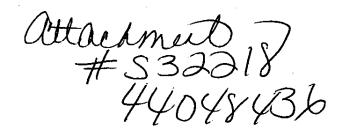


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FLORIDA DEPARTMENT OF SYATE Secretary of State Clenda E. Hood DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
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State of Florida
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NOTICE OF INTENT TO DISSOLVE

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To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document# S22218	Mail Report to:
SCHLESINGER ADVERTISING, INC. P.O. BOX 10024	
NAPLES FL 34101-0024	

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