

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07214

1. Entity Name

ENSEMBLE 40R ADVERTISING, CORP.

Principal Place of Business

915 MIDDLE RIVER DRIVE
#404
FT. LAUDERDALE FL 33304
US

Mailing Address

915 MIDDLE RIVER DR.
#404
FT. LAUDERDALE FL 33304-3560
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORSYTH, JOHN
915 MIDDLE RIVER DRIVE
SUITE 404
FT. LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PST						
	FORSYTH, JOHN H.	915 MIDDLE RIVER DRIVE, SUITE 404	FT LAUDERDALE FL 33304				
	D						
	FORSYTH, JOHN H.	915M IDdle RIVER DRIVE, SUITE 404	FT LAUDERDALE FL 33304				

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 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

4/25/00

Date

954-565-1434

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90034 045 ***150.00

CR2E034 (9/99)