

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044829

Entity Name: AERIAL SIGN NORTH, INC.

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

ALLAIRE AIRPORT HWY 37 BLDG 7  
ALLAIRE, NJ 07727

**New Principal Place of Business:**

1900 CEDAR BRIDGE AVE  
LAKEWOOD, NJ 08701

**Current Mailing Address:**

ALLAIRE AIRPORT HWY 37 BLDG 7  
ALLAIRE, NJ 07727

**New Mailing Address:**

1900 CEDAR BRIDGE AVE  
LAKEWOOD, NJ 08701

FEI Number: 22-3513294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALE, JERRY M ESQ.  
8370 W. FLAGLER STREET  
SUITE 252  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: APPEGATE, MATTHEW D  
Address: 2149 ALLENWOOD ROAD  
City-St-Zip: WALL, NJ 07719

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: APPEGATE, MATTHEW D  
Address: 1900 CEDAR BRIDGE AVE.  
City-St-Zip: LAKEWOOD, NJ 08701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW APPEGATE

PTSD

04/25/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date