

DEPOSIT DATE

493 AUG 30 2004

ORIGINAL

CK# 1001

CK# 100.00

040961-TC

8-27-04

RT

1. Name of company or name of individual (not fictitious name or d/b/a):
Omnicom, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

3. Official mailing address:

Street: 207 Pine Lane

P.O. Box:

City: Clewiston

State: Florida Zip: 33440

COMMISSION CLERK

AUG 27 PM 3:06

RECEIVED FPSC

4. Florida address:

Street: 207 Pine Lane

P.O. Box:

City: Clewiston

State: Florida Zip: 33440

5. Structure of organization:

() Individual

(x) Corporation

() General Partnership

() Limited Partnership

() Other:

CMP

COM

CTR

ECR

GCL

OPC

MMS

RCA

SCR

SEC

OTH

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: 36-4557484

DOCUMENT NUMBER-DATE

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