## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # M02000000048 JCDECAUX MALLSCAPE, LLC Principal Place of Business Mailino Address 3 PARK AVENUE, 33RD FL NEW YORK NY 10016 3 PARK AVENUE, 33RD FL NEW YORK NY 10016 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 13-4199401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature type-d or printed name of registered agent and diff-d apphrashe-(NOTE: Registered Agent signature required when resistating) CALL FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition Delete TITLE TITLE MGR NAME MAME PARISOT, BERNARD U00000532489 STREET ADDRESS STREET ADDRESS 3 PARK AVE., 33RD FL 05/06/06-80086-001 50.00 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10016 ☐ Addition ☐ Delete TITLE ☐ Change TITLE MGR NAME NAME DECAUX, JEAN-LUC STREET ADDRESS STREET ADDRESS 3 PARK AVE., 33RD FL CITY-ST-ZIP City - ST- 782 NEW YORK NY 10016 ☐ Change ☐ Addition THLE ☐ Detete THE MGR NAME NAME RACULT, LAURENCE STREET ADDRESS STREET ADDRESS 3 PARK AVE., 33RD FL CITY - ST - ZIP CHLY - ST- ZIP NEW YORK NY 10016 ☐ Delete TITLE Change ☐ Addition BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-St-7iP Delete TITLE ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST- 2tP TITLE Addition ☐ Delete Change TITLE NAME MANY STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the redever or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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