

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200000048

**Entity Name:** JCDECAUX MALLSCAPE, LLC

**Current Principal Place of Business:**

350 FIFTH AVENUE  
73RD FLOOR  
NEW YORK, NY 10118

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC4109682937**

**Current Mailing Address:**

350 FIFTH AVENUE  
73RD FLOOR  
NEW YORK, NY 10118 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BAILEY, MARTHA D.  
Address        350 FIFTH AVENUE  
                  73RD FLOOR  
City-State-Zip: NEW YORK NY 10118

Title           MANAGER  
Name           DECAUX, JEAN-LUC  
Address        350 FIFTH AVENUE  
                  73RD FLOOR  
City-State-Zip: NEW YORK NY 10118

Title           MANAGER  
Name           PARISOT, BERNARD  
Address        350 FIFTH AVENUE  
                  73RD FLOOR  
City-State-Zip: NEW YORK NY 10118

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARTHA D. BAILEY**

**MANAGER**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date