2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90022 038 ***150.00

| DOCUMENT # 834689 1. Enlity Name VIACOM OUTDOOR GROUP INC. | | | | 04-13-200 | 05 90022 038 ***15 | 50.00 | |
|---|-------------------------------------|-----------------------------|--|----------------------|--|----------------|--|
| Principal Place of Business | Mailing Address | | | | | | |
| C/O MICHAEL D. FRICKLAS | C/O MICHAEL D. FRICK | LAS | , | | | | |
| 1515 BROADWAY 1515 BROADWAY | | 5.0 | | | | | |
| NEW YORK, NY 10036 | NEW YORK, NY 10036 | 5 | . I region lerres | 1 1110 BIBIN WILLIAM | . 1511 SIZ11 BYZII GIBM BIZ11 BIBH BI | | |
| 2. Principal Place of Business | 2 Mailing Address | | | | | | |
| 2. Frincipal Flace of Busilless | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 03142005 | Chg-P | CR2E034 (10/03) | | |
| | | | | | · · · · | | |
| City & State | City & State | | 4. FEI Numbe | | | pplied For | |
| Zip Country | Country Zip Cour | | 13-2660 | 3769 | | lot Applicable | |
| | | Country | 5. Certificate | of Status Desired | S8.75 Ad | | |
| 6. Name and Address of Current | Registered Agent | <u> </u> | 7. Name and | Address of Nev | w Registered Agent | | |
| CORRORATION OF THE CONTAINS | | Name | Name | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TALLAHASSEE, FL 32301 | | | | | | | |
| \$2 \$40 \$5 \$5 | | + | | | | | |
| | | City | City Zip Code | | | | |
| 8. The above named entity submits this statement for | or the purpose of changing its | registered office or | registered agent, or both | h in the State of | . — ! | and accent | |
| the obligations of registered agent. | | | | ., | The state of the s | , and addopt | |
| SIGNATURE | | | | | | | |
| Signature, typed or printed name of registered agent | and title if applicable. (NOT | E: Regislered Agent signatu | re required when reinstating) | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550. | 9. Election Campa Trust Fund Con | | \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND | DIRECTORS | 11. | ADDITIONS/0 | CHANGES TO C | OFFICERS AND DIRECTOR | RS IN 11 | |
| TITLE DVPT | ⊠ Delete | TITLE | AT | | ☐ Change | Addition | |
| NAME FREEDLINE, ROBERT G | | NAME | KENNETH HI | سلما | | | |
| STREET ADDRESS 1515 BROADWAY | | STREET ADDRESS | ליזיא סויטיוס בוכון | | | | |
| CITY-ST-ZIP NEW YORK, NY 10036 TITLE DVPS | | CITY-ST-ZIP | NEW YORK, A | JEW YORK | | | |
| I TITLE DVPS NAME FRICKLES, MICHAEL D | ☐ Delete | TITLE NAME | DIEVPIS | | ∠ Change | ☐ Addition | |
| STREET ADDRESS 1515 BROADWAY | | STREET ADDRESS | MICHAEL D. | FRICKL | - 4 S | | |
| CITY-ST-ZIP NEW YORK, NY 10036 | | CITY-ST-ZIP | | | | | |
| TITLE DVP | ☐ Delete | TITLE | DISVP | | Change | ☐ Addition | |
| NAME GORDON, SUSAN C | | NAME | V1211 | | | | |
| STREET ADDRESS 1515 BROADWAY | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP NEW YORK, NY 10036 | | CITY-ST-ZIP | | | | | |
| TITLE AS | Delete | TITLE | VP/AS | | 🔀 Change | Addition | |
| NAME FUERST, JANE R STREET ADDRESS 1515 BROADWAY | | NAME Street Address | | | | | |
| CITY-ST-ZIP NEW YORK, NY 10036 | | CITY-ST-ZIP | | | | | |
| TITLE P | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME KELLY, WALLY | | NAME | | | - Onlings | Luj radilion | |
| 1 | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP PHOENIX, AZ 85009 | | CITY-ST-ZIP | | | | | |
| | | | | | | | |
| TITLE | ☐ Defete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | ☐ Defete | NAME | | | ☐ Change | ☐ Addition | |
| J i | ☐ Defete | | | | ☐ Change | ☐ Addition | |

Interest certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

ASST SCCY

Date

Date

Daytime Phone #

SIGNATURE: _