

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Samuel B. Martin  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAR -7 PM 2: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **848526** (0)  
1. Corporation Name  
**ACKERLEY AIRPORT ADVERTISING, INC.**

Principal Place of Business Mailing Address  
**2001 SIXTH AVENUE SUITE 1702 SEATTLE WA 98121**      **2001 SIXTH AVENUE SUITE 1702 SEATTLE WA 98121**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
25 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified **03/16/1981** 3a. Date of Last Report **02/11/1994**  
4. FEI Number **91-1124936** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and the registered agent) (Typed, Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CURLEY, DENIS
STREET ADDRESS	800 5TH AVE, #3770
CITY- ST- ZIP	SEATTLE WA
TITLE	DC
NAME	ACKERLEY, BARRY
STREET ADDRESS	800 5TH AVE, #3770
CITY- ST- ZIP	SEATTLE WA
TITLE	PD
NAME	ACKERLEY, WILLIAM
STREET ADDRESS	800 5TH AVE #3770
CITY- ST- ZIP	SEATTLE WA
TITLE	VP
NAME	PETRIE, ED
STREET ADDRESS	2001 6TH AVE #1702
CITY- ST- ZIP	SEATTLE WA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP/D
3.3 STREET ADDRESS	ACKERLEY, WILLIAM
3.4 CITY- ST- ZIP	SAME
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	PETRIE, ED
4.4 CITY- ST- ZIP	SAME
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:  Denis Curley 2/24/95 (206)624-2888  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Typed Name)