

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002270

1. Entity Name
JAMESON OUTDOOR ADVERTISING COMPANY



Principal Place of Business
**8 PERIMETER CENTER EAST, STE. 8050
ATLANTA, GA 30346**

Mailing Address
**8 PERIMETER CENTER EAST, STE. 8050
ATLANTA, GA 30346**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2480596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHIN, CRAIG R 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, WILLIAM D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CURLEE, STEVEN A 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREW, MARTIN D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (770) 901-9020

Date

Daytime Phone #

000000101264
04/02/04-80006-005 150.00

**DO NOT WRITE
IN THIS SPACE**