

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90009 023 \*\*\*150.00

<b>DOCUMENT # F02000002270</b> 1. Entity Name <b>JAMESON OUTDOOR ADVERTISING COMPANY</b>			
Principal Place of Business <b>8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346</b>		Mailing Address <b>8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346</b>	
2. Principal Place of Business <b>41 PERIMETER CENTER EAST</b> Suite, Apt. #, etc. <b>SUITE 400</b>		3. Mailing Address <b>41 PERIMETER CENTER EAST</b> Suite, Apt. #, etc. <b>SUITE 400</b>	
City & State <b>ATLANTA, GA</b> Zip <b>30346</b>		City & State <b>ATLANTA, GA</b> Zip <b>30346</b>	
4. FEI Number <b>58-2480596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHIN, CRAIG R 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, WILLIAM D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CURLEE, STEVEN A 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREW, MARTIN D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Steven A Curlee</b>		Date <b>1/4/06</b>	Daytime Phone # <b>770 776-5210</b>