2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001304								FILE	D
Entity Name LAMAR OBIE CORPORATION								06 APR 19 A	N 9: 07
								FALLAHAST E	STATE
Principal Place of Business Mailing Address 5551 CORPORATE BLVD., STE 2A 5551 CORPORATE BLVD., STE 2A								ialianasi E	, r LUKIDA
BATON ROUGE, LA 70808 BATON ROUGE, LA 70808					ZN .				
Principal Place of Business									
Suite, Apt. #, etc.			Suite Apt. #, etc.				OBIAK DINI TANI BANDA BEN	14 BUIN BUID NIBUD NAN DELAN BI	61111 II
City & State			City & State			04062006	Chg-P	CR2E034 (11/05)	- 15-1 5
						4. FEI Numbe		No	oplied For ot Applicable
Zıp	Country		Zip			5. Certificate of Status Desired			ditional ed
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address ((P.O. Box Numbe	r is Not Acceptable	e)	
					City			FL Zip Cod	le
		y submits this statement for	the purpose of changing its	ed office or registe	red agent, or bot	h, in the State of Flo		and accept	
the obligations of registered agent.									
SIGNATURE								DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.		OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
HAME	C Delete				E E			☐ Change	Addition
-11 EET ADDRESS CITY-ST-ZIP	5551 COF BATON R	?A		ET ADDRESS -ST-ZIP					
FITE NAME	VCP D			TITL NAM	l l			Change	Addition
STREET ADDRESS	5551 CORPORATE BLVD., STE 2A BATON ROUGE, LA 70808			STR	ET ADURESS - ST-ZIP	\sim $04\sqrt{2}$	28/06010	2 75 7932 35005 **!!	500.00
T TLE	DVT Delete 117				-	101W/2		☐ Change	Addition
NAME STREET ADDRESS	· ·				EETADDRESS	μη	<i>_</i> /		
THE	BATON ROUGE, LA 70808 CII				-ST-ZIP	/		☐ Change	Addition
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· PREET ADDRESS	1	RPORATE BLVD., STE 2 ROUGE, LA 70808	2A		FET ADURESS '-ST-ZIP				
nave			☐ Delete	TITL NAM	I			☐ Change	Addition
JIREET ADDRESS LITY STIZIP				1	EET ADDRESS '-ST-ZIP				
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 attackment with any address, with an otherwise memory and account of the composition of the receiver or trustee.									
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED TRANS OF SIGNING OFFICER OR DIRECTOR 1200 Caylathe Phone 4									