


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001767 1. Entity Name LAMAR EASTERN, INC.	
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Principal Place of Business 365 SOUTH STREET MORRISTOWN, NJ 07960	Mailing Address 365 SOUTH STREET MORRISTOWN, NJ 07960
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3084512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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 retesting) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, LARRY C 365 SOUTH STREET MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KALKUS, PETER 365 SOUTH STREET MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST QUINN, JACQUELYN 365 SOUTH STREET MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, JEFFREY 365 SOUTH STREET MORRISTOWN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALKUS, MARK P 365 SOUTH STREET MORRISTOWN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/19/04-BU009-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/14/04 973-285-0660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #