

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002318

1. Entity Name
CC OUTDOOR, INC.



Principal Place of Business
200 EAST BASSE ROAD
SAN ANTONIO, TX 78209

Mailing Address
200 EAST BASSE ROAD
SAN ANTONIO, TX 78209



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0801051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 P
NAME MEYER, PAUL J
STREET ADDRESS 2850 E. CAMELBACK RD., #300
CITY-ST-ZIP PHOENIX, AZ 85016

TITLE D
NAME MAYS, LOWRY
STREET ADDRESS 200 E. BASSE RD.
CITY-ST-ZIP SAN ANTONIO, TX 78209

TITLE D
NAME MAYS, RANDALL T
STREET ADDRESS 200 E. BASSE RD.
CITY-ST-ZIP SAN ANTONIO, TX 78209

TITLE D
NAME MAYS, MARK P
STREET ADDRESS 200 E. BASSE RD
CITY-ST-ZIP SAN ANTONIO, TX 78209

TITLE VPCT
NAME ROSALES, STEPHANIE
STREET ADDRESS 200 E. BASSE RD.
CITY-ST-ZIP SAN ANTONIO, TX 78209

TITLE V
NAME HILL, HERB
STREET ADDRESS 200 E BASSE ROAD
CITY-ST-ZIP SAN ANTONIO, TX 78209

000000139445
04/29/04-80120-008 150.00

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IN THIS SPACE**

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

Stephanie Rosales 4/29/04 210-832-3473

Date

Daytime Phone #