

PKR 1013

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 26 PM 4: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003030

1. Entity Name

TRI-STATE OUTDOOR MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

3416 Highway 41 South
Tifton, GA 31793

2. Principal Place of Business

3416 Highway 41 South

3. Mailing Address

3416 Highway 41 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tifton, GA

City & State

Tifton, GA

REINSTATEMENT 99-01

DO NOT WRITE IN THIS SPACE

4. FEI Number

481061763

Applied For

Not Applicable

Zip

31793

Country

USA

Zip

31793

Country

USA

5. Certificate of Status Desired

XXX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Rana R. D...

March 23, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	See Rider A Attached	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	600003910256	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition

CR2E03A (1/00)

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheldon G. Rust

March 23, 2001 800-732-8261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheldon G. Rust, President

Daytime Phone #

RIDER A

Page 2 of 3

OFFICERS:	DIRECTORS:
Sheldon G. Hurst, President & CEO PO Box 1247, Tifton, GA 31794	Sheldon G. Hurst PO Box 1247, Tifton, GA 31794
Matthew B. Holt, Acting Secretary and CFO PO Box 1247, Tifton, GA 31794	William G. McLendon PO Box 1247, Tifton, GA 31794
Anthony LaMarca, Executive Vice President, PO Box 1247, Tifton, GA 31794	A. Wayne Lamm PO Box 1247, Tifton, GA 31794
Wayne Lamm, Vice President PO Box 1247, Tifton, GA 31794	Anthony LaMarca PO Box 1247, Tifton, GA 31794
	William P. Sutter, Jr. PO Box 1247, Tifton, GA 31794
	John D'Ottavio PO Box 1247, Tifton, GA 31794



ACCOUNT NO. : 072100000032

REFERENCE : 087940 4719018

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 1058.75

ORDER DATE : March 22, 2001

ORDER TIME : 12:20 PM

ORDER NO. : 087940-005

CUSTOMER NO: 4719018

CUSTOMER: Brian Petrequin, Esq
ST. JOHN & WAYNE
ST. JOHN & WAYNE
Two Penn Plaza East

Newark, NJ 07105

DOMESTIC FILING

NAME: TRI-STATE OUTDOOR MEDIA GROUP,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____

RECEIVED
01 MAR 26 PM 1:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA