2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F9700003030 1. Entity Name

TRI-STATE OUTDOOR MEDIA GROUP, INC.



Principal Place of Business 3416 HWY. 41 SOUTH TIFTON GA 31793 US		Mailing Address 3416 HWY. 41 SOUTH TIFTON GA 31793 US				(1) 11 00 (11 00 1100 1100 1 0	19 10 1717 180 7 1 80 7
2. Principa	Place of Business	3. Mailing Address	3. Mailing Address) (201/20 1/10 10/1/ 100/) 00/1/ 00/1	i) es ii) es ii) esibb ii)ii es	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & St	ate	City & State	City & State		FEI Number 48-1061763-		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A	Not Applicable
	6. Name and Address of Curren	t Registered Agent	'	7.	Name and Address of New Re	Fee Requi	rea
			Name		THE MILE ADDRESS OF NEW TIC	gistered Agent	
	RATION SERVICE COMPANY LYS STREET		Street Address		(P.O. Box Number is Not Acceptable)		
	ASSEE FL 32301-2525			<u>-</u>		<u>.</u>	
			City			FL Zip Co	
 8. The above the obligation 	e named entity submits this statement fations of registered agent.	or the purpose of changing its	registered office	or registered ac	gent, or both, in the State of Flori	ida. I am familiar with	n, and accept
•SIGNATURE	- , , v						
olal will olic	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Agent sign	ature required when re	einstating)	DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750 Make Check Payable to Department of St		Election Campaign Finar Trust Fund Contribution.	noing _ \$5.	00 May Be
11,						/ 1000	
TITLE	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
NAME	HURST, SHELDON G D	Delete	TITLE	Steven	A. FIVER	Change	Addition
STREET ADDRESS	P.O. BOX 1247		STREET ADDRESS	HAS Lei	cington Ave, Secon	d Floor	
CITY-ST-ZIP	TIFTON GA 31794		CITY-ST-ZIP	New Yo	CK, NY 10017		ļ
TITLE NAME	SCFO	☐ Delete	TITLE	113		☐ Change	Addition
STREET ADDRESS	HOLT, MATTHEW B P.O. BOX 1247		NAME	Romine	Z, Alvaro Exington Ave, Secon	. I E lose	
CITY-ST-ZIP	TIFTON GA 31794		STREET ADDRESS CITY-ST-ZIP	1492 -	EXING TON AVE, SECO	vel i icol	
TITLE	DV	☐ Delete			OCK, NY 10017		
NAME	LAMARCA, ANTHONY	□ Delete	NAME	CASS	PKITIP	Change	☆ Addition
STREET ADDRESS	P.O. BOX 1247		STREET ADDRESS	1492 F4	exington Ave, Sec	and Floor	
CITY-ST-ZIP	TIFTON GA 31764		CITY-ST-ZIP	New Yo	rk, NY 10017		
TITLE	DV	☐ Delete	TITLE		1,01	Change	Addition
NAME .	LAMM, WAYNE		NAME			C Gligitye	L AUGRIUN
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1247		STREET ADDRESS				}
	TIFTON GA 31794		CITY-ST-ZIP				
TITLE NAME	d : McLendon, William G	Delete	TITLE			☐ Change	Addition
STREET: ADDRESS =	P.OBOX-1247		NAME CERTES ARRESON			-	
CITY-ST-ZIP	TIFTON GA 31794		STREET ADDRESS - CITY-ST-ZIP				
TITLE	D	⊠ Delete	TITLE				
NAME	SUTTER, WILLIAM P JR		NAME			☐ Change	☐ Addition
STREET ADDRESS	P.O. BOX 1247	•	STREET ADDRESS				
CITY-ST-ZIP	TIFTON GA 31794		CITY-ST-ZIP				
 I hereby of indicated. 	ertify that the information supplied with	this filing does not qualify for the	ne exemption stat	ed in Section 11	19.07(3)(i), Florida Statutes, I fur	ther certify that the in	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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 11 or Block 12 if

SIGNATURE: