

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90141 030 \*\*\*550.00

0158022 FP

**DOCUMENT # F97000003030**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**48-1061763/1-1440363**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCED  
HURST, SHELDON G D  
P.O. BOX 1247  
TIFTON GA 31794** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/CEO/director  
Greg Kunz  
P.O. Box 1247  
Tifton, GA 31794** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SCFO  
HOLT, MATTHEW B  
P.O. BOX 1247  
TIFTON GA 31794** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Dennis Brusk  
P.O. Box 1247  
Tifton, GA 31794** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
LAMARCA, ANTHONY  
P.O. BOX 1247  
TIFTON GA 31764** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Tim Don Meyer  
P.O. Box 1247  
Tifton, GA 31794** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
LAMM, WAYNE  
P.O. BOX 1247  
TIFTON GA 31794** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
James Sherran  
P.O. Box 1247  
Tifton, GA 31793** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCLENDON, WILLIAM G  
P.O. BOX 1247  
TIFTON GA 31794** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Peter Schwerin Fort L  
P.O. Box 1247  
Tifton, GA 31793** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLYER, STEVEN A  
425 LEXINGTON AVE 2ND FLOOR  
NEW YORK NY 10017** ☒ Delete

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:

**Matthew B. Schifano**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-24-03**

CR2E034 (4/03)