## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

F00000014603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

		2001003					
1. Entity Nam				r-ii	ED	٠. :	
	OUTDOOR, INC.	NC.		FIL.	ピロ		
*name i	has been changed to VI	NG.		02 FEB 27	·AH 12: 51		
Principal Place	e of Business	Mailing Address					
C/O MICHAE	ES		SECRETAR TALLAHASS	A OF 21916			
1515 BROADWAY 1515 BROADWAY					TALLAHASS	et. Hillion	
"NEW YORK NY 10036 NEW YORK NY 10036							
2 Frincipal P	lace of Business D	3. Mailing Address	0		T	I <b>Be</b> nin <b>de</b> nni denok inoka	
To My	had D. Fricklas	40 Michael J	). Fricklas	ノ			
Suite, Apt.	7.4 1	Suite, Apt. #, exc.	1-1-1-1-1		DO NOT WRITE	IN THIS SPACE	
/5/5 / City & State	Trodivay	Gity & State /.		4. FEI N	umber 86-0736400		Applied For
new (	Jock, My	new york	, 119		70070730400		Not Applicable
Zip 1003	Country	10036	Country A	5. Certif	icate of Status Desired	□ \$8.75 Fee Requ	Additional uired
, ,	6. Name and Address of Current Re			7. Name	and Address of New Reg	jistered Agent	
CORROR	ATION SERVICE COMPANY		Name				
	YS STREET		Street Addres	s (P.O. Box N	lumber is Not Acceptable)		
	SSEE FL 3230						
	A Comment		City			FL Zip C	Code
					- Land Carlo Charles of Flori		
8. The above	named entity submits this statement for the	ne purpose of changing its f	registered office or regis	stered agent, t			
SIGNATURE .					6000050		
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	: Registered Agent signature requ	uired when reinstati	ng)	DATE	
•	pration is eligible to satisfy its Intangible		! FEE IS \$150.00	10	. Election Campaign Final	ncing _ \$	5.00 May Be
•	requirement and elects to do so.		2 Fee will be \$550.00 to Department of S		Trust Fund Contribution.	☐ Ad	Ided to Fees
11.	. OFFICERS AND DI	RECTORS	12.	ADDITI	ONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	AS	Delete Delete	TITLE A-	5	& B Posent	☐ Chan	ge 🔀 Addition 🗟
NAME STREET ADDRESS	STACK, ILENE W 1515 BROADWAY	•	NAME CA	15 Br	andway	J	¥  ®
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	13 (b)	ock, 719100	36	ge X Addition (6/6)
TITLE	PD	Delete	TITLE D,	EVPU	3	☐ Chan	ge 🔀 Addition 🖔
NAME	MORENO, ARTURO R	•	NAME TY	repart	D. Fricklas	,	
STREET ADORESS CITY-ST-ZIP	60 BILTMORE ESTATES PHOENIX AZ		STREET ADDRESS 15	13 Au	Jack 7 9 10	1036	
TITLE	V	Delete	TITLE P	, CEO	I <b>-</b>	<b>∑</b> Chan	ge 🔲 Addition
NAME	KELLY, WALLY C	7		ally (	. Kelly		Hopeway.
STREET ADDRESS	7029 MCDONALD		II 1775	الأم كركا	orth Black	309 m	1 mg
CITY-ST-ZIP	PARADISE VALLEY AZ	Delete	CITY-ST-ZIP TITLE	Keny	U, A- Z 83	Chan	ge
TITLE NAME	READE, ROBERT M	Delete	NAME			Shan	Jugation
STREET ADDRESS	114 EAST TIERRA BUENA		STREET ADDRESS				
CITY - ST - ZIP	PHOENIX AZ		CITY-ST-ZIP		L.,,,,,,,,		
TITLE NAME	l ST	Delete	TITLE NAME			∐ Chan	ge
NAIVIE			INMINC				
STREET ADDRESS	BEVERAGE, BILL M 14820 N 44TH PLACE		STREET ADDRESS				j j
	BEVERAGE, BILL M		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE	BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ D	<b>□</b> Delete	CITY-ST-ZIP TITLE			☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME	BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ D O'CONNOR, BRIAN J	<b>□</b> Delete	CITY-ST-ZIP TITLE NAME		A-OFF	☐ Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ D	D≸Delete	CITY-ST-ZIP TITLE			☐ Chan	ge Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  13. I hereby o	BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ  D O'CONNOR, BRIAN J 7721 N. 17TH PLACE PHOENIX AZ  certify that the information supplied with the	is filing does not qualify for	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	Section 119.0	07(3)(i), Florida Statutes. I f	urther certify that the	ne information
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby of indicated of the cor	BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ  D O'CONNOR, BRIAN J 7721 N. 17TH PLACE PHOENIX AZ	is filing does not qualify for ue and accurate and that mered to execute this reportle	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  the exemption stated in  writing attree shall have the	ne same legal	leffect as if made under oa	urther certify that th	ne information

ACCOUNT NO. : 072100000032

REFERENCE :

414900

4319220

AUTHORIZATION

\_ \_ \_ \_ \_ \_

COST LIMIT : \$ 150.00

ORDER DATE: February 26, 2002

ORDER TIME : 9:51 AM

ORDER NO. : 414900-005

CUSTOMER NO: 4319220

CUSTOMER: Ms. Dolores A. Riccuitti

Viacom Inc. 1515 Broadway 51st Floor

New York, NY 10036

## ANNUAL REPORT FILING

NAME: VIACOM OUTDOOR INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

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EXAMINER'S INITIALS:

02 FEB 27 PM 12: 13

**SECEINED** 

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # p99000024089						(42145-21		<b>V</b> -1		
1. Entity Name	ic Coast Tower, Inc.									
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	<u> </u>				-					
ſ	OO NOT WRITE	IN THIS SI	ΡΔΟ	:F						
	JO NOT WINTE									
	ace of Business roken Sound Parkway NW	3. Mailing Address 5900 Broken Sc	und I	Parkway NW	7					
Suite, Apt.		Suite, Apt. #, etc.			1	DO NOT W	RITE IN TH	S SPAC	E	
City & State	)	Attn: Legal De City & State	pt.		4.	FEI Number			Applied For	]
Boca Ra Zip	Country VSA	Boca Raton, FL Zip		nury USA	<del> </del>	65-0904402		¢g -	Not Applicable  75 Additional	}
33487	Palm-Beach	33487	Pal	m Reach		Certificate of Status Desire		Fee F	Required	
				Name _		ame and Address of Curre		red Age	nt	1
	DO NOT W	RITE				ion Service Comp Box Number is Not Accepte				-
	IN THIS SP			1201 Hays	Str	eet		, <u>,</u>	4 1 4	<del> </del>
				City		4000				
		•	· · · · · · · · · · · · · · · · · · ·	City Tallah					ip Code 32301	
8. The above	named entity submits this statement for			ed office or regist h S. Blanc		ent, or both, in the State of		. /		
SIGNATURE _	Just d. Blan	cett	as	its agent			2/3	16/2	2002	
	Signature, typed or printed name of registered agent ar			ed Agent signature requir	ed when r	einstating)	DATI	F		-
'	ration is eligible to satisfy its Intangible equirement and elects to do so.	After May	1, Fee	ee is \$150.00 is \$550.00		10. Election Campaign	•	_	\$5.00 May Be	
	ia on back)	Amende Make Check Payal		ls \$61.25 epartment of St	ate	Trust Fund Contribe	ution.		Added to Fees	
11.	OFFICERS AND E									Ì≘
TITLE NAME	D, CEO, President, AT, Jeffrey A. Stoops	, AS	TITL	1						120
STREET ADDRESS	5900 Broken Sound Parl Boca Raton, FL 33487	cway NW		EET ADDRESS (- ST-ZIP						74B (
CITY-S1-ZIP TITLE	D, CFO, SVP, T, AS		TITL		<del>. : :</del>					CR2E034B (12/01)
NAME	John Marino		NAN	AE .						8
STREET ADDRESS CITY: ST-ZIP	5900 Broken Sound Parl Boca Raton, FL 33487	cway NW		EET ADDRESS 7-ST-ZIP						
TITLE	SVP, GC, Secretary, A	Г	TITE			<u>a Cracas dan lallam makinjan kilo ministriki di di</u>			umminimum " "	1
NAME	Thomas P. Hunt 5900 Broken Sound Parl		NAN	ME. EET ADDRESS						1
STREET ADDRESS CITY-ST-ZIP	Boca Raton, FL 33487	tway iii	•	Y-ST-ZIP		DO NOT	WR	RITE		
TITLE	CAO, VP, AS, AT		TITL	:		IN THIS	SP/	CF	•	
NAME STREET ADDRESS	Jack Fiedor 5900 Broken Sound Parl	cway NW	NAN STR	AE EET ADDRESS			•.,		•	
CITY-ST-ZIP	Boca Raton, FL 33487		ст	/-ST-ZIP						
TITLE	VP, AS, AT		THT.	·						
NAME STREET ADDRESS	Pamela J. Kline 5900 Broken Sound Parl	cway NW	1	LET ADDRESS						
CITY-ST-ZIP	Boca Raton, FL 33487			(-ST-ZIP						-
TITLE NAME	AS		TITL	.[-						
STREET ADDRESS	Theresa Nick Breskin 5900 Broken Sound Park	cway NW		FET ADDRESS						
CITY-ST-ZIP	Boca Raton, FL 33487			Y-SI-ZIP						4
13. I hereby of indicated of the core	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport it with an address, with all other like em	this filing does not qualify fo true and accurate and that i owered to execute this repo powered.	r the exe ny signa rt as rec	emption stated in S sture shall have the quired by Chapter	section same 607, Flo	119.07(3)(i), Florida Statuti legal effect as if made und orida Statutes; and that my	es. I further e ler oath; that name appo	certify th t I am an ears in B	at the information officer or director slock 11 or on an	

Thomas P. Hunt, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

561-995-7670

Daytime Phone #



	ACCOUNT	NO. :	0721000000	32			
	REFERI	ENCE :	415871	7278984			
	AUTHORIZAT	TION :	Tatricia	sput			
	COST LI	MIT :	\$ 150.00	<i></i>			_
ORDER DATE	: February 26,	2002	,			· •	
ORDER TIME	: 5:50 PM						
ORDER NO.	: 415871-005				Person,		
CUSTOMER N	D: 7278984				TAISING PARTY.	02	ス
CUSTOMER:	Mr. Thomas P. H Sba Communicati 5900 Broken Sou	lons Corp			AKIMENTO ON OF COR	FEB 27	ECEIVE
	Boca Raton, FL				POR S	<b>≟</b>	(F)
	CHANGE	OF AGENT			RIDA	8÷ 32	
NAMI	E: ATLANTIC	COAST TO	WER, INC.				
PLEASE RETU	JRN THE FOLLOWIN	IG AS PRO	OF OF FILI	NG:			
	RTIFIED COPY AIN STAMPED COPY	?			,		
CONTACT PE	RSON: Ta-tanish	na Adams	EXT# 113	31			٠
			EXAMINER: _				

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