

# 2002 UNIFORM BUSINESS REPORT (UBR)

10PL

000186 AV

DOCUMENT # F98000001683

1. Entity Name

INFINITY OUTDOOR, INC.

\*name has been changed to VIACOM OUTDOOR INC.

FILED

02 FEB 27 AM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O MICHAEL D FRECKLES  
1515 BROADWAY  
NEW YORK NY 10036

Mailing Address

C/O MICHAEL D FRECKLES  
1515 BROADWAY  
NEW YORK NY 10036

2. Principal Place of Business

C/O Michael D. Freckles  
Suite, Apt. #, etc.  
1515 Broadway

3. Mailing Address

C/O Michael D. Freckles  
Suite, Apt. #, etc.  
1515 Broadway

City & State

New York, NY

City & State

New York, NY

Zip

10036

Country

USA

Zip

10036

Country

USA

4. FEI Number

86-0736400

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

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.

600005024206--8

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STACK, ILENE W 1515 BROADWAY NEW YORK NY 10036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, ARTURO R 60 BILTMORE ESTATES PHOENIX AZ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, WALLY C 7029 McDONALD PARADISE VALLEY AZ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V READE, ROBERT M 114 EAST TIERRA BUENA PHOENIX AZ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEVERAGE, BILL M 14820 N 44TH PLACE PHOENIX AZ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, BRIAN J 7721 N. 17TH PLACE PHOENIX AZ	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Katherine B. Rosenberg 1515 Broadway New York, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, EVP Michael D. Freckles 1515 Broadway New York, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO Wally C. Kelly 2502 North Black Canyon Highway Phoenix, AZ 85009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

Katherine B. Rosenberg

2/21/02

Date

212-258.6847

Daytime Phone #

CR2E034 (9/01)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 414900 4319220

AUTHORIZATION :

*Patricia Pizutto*

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. Riccuiatti  
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

CONTACT PERSON: Jeanine Reynolds - Ext. 1133

EXAMINER'S INITIALS:

02 FEB 27 PM 12:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 27 AM 9:51

DOCUMENT # P99000024089

1. Entity Name

Atlantic Coast Tower, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5900 Broken Sound Parkway NW

3. Mailing Address

5900 Broken Sound Parkway NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Legal Dept.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0904402

Applied For

Not Applicable

Zip

33487

Country

USA

~~Palm Beach~~

Zip

33487

Country

USA

~~Palm Beach~~

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

400005023154--3

City

Tallahassee

FL

Zip Code  
32301

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

*Judith S. Blancett*

Judith S. Blancett  
as its agent

2/26/2002

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
D, CEO, President, AT, AS  
Jeffrey A. Stoops  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
D, CFO, SVP, T, AS  
John Marino  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
SVP, GC, Secretary, AT  
Thomas P. Hunt  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
CAO, VP, AS, AT  
Jack Fiedor  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
VP, AS, AT  
Pamela J. Kline  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
AS  
Theresa Nick Breskin  
STREET ADDRESS  
5900 Broken Sound Parkway NW  
CITY-STATE-ZIP  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas P. Hunt*

Thomas P. Hunt, Secretary

2-2507

561-995-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



20f2

ACCOUNT NO. : 0721000000032

REFERENCE : 415871 7278984

AUTHORIZATION :

*Patricia Pizut*

COST LIMIT : \$ 150.00

ORDER DATE : February 26, 2002

ORDER TIME : 5:50 PM

ORDER NO. : 415871-005

CUSTOMER NO: 7278984

CUSTOMER: Mr. Thomas P. Hunt  
Sba Communications Corporation  
5900 Broken Sound Parkway N.w.

Boca Raton, FL 33487

RECEIVED  
02 FEB 27 AM 8:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: ATLANTIC COAST TOWER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER: \_\_\_\_\_