

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # H34014****1. Entity Name**
JIFFY BILLBOARDS, INC.**Principal Place of Business**170 W FAIRBANKS AVE #203
PO BOX 847
WINTER PARK
32789

FL

Mailing Address110 S.E. 6TH STREET
20TH FLOOR
FT LAUDERDALE
33301

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-2488270****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

FL

US

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**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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, 2000 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 | <input checked="" type="checkbox"/> Delete |
|-------|---------------|---------------------------------|------------------------|--|
| T | HYLE KATHLEEN | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|---------------------------------|------------------------|---------------------------------|
| P | HUIZENG JR. H. WAYNE | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|---------------------------------|------------------------|---------------------------------|
| VS | COLE JAMES O | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------------------|------------------------|---------------------------------|
| D | HUDSON HARRIS W | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|---------------------------------|------------------------|--|-----------------------------------|
| T | BOURHIS MARC L | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|---------------------------------|------------------------|--|-----------------------------------|
| DVS | FERRANDO JONATHAN P | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|---------------------------------|------------------------|--|-----------------------------------|
| DP | MAROONE MICHAEL E | 110 S.E. 6TH STREET, 20TH FLOOR | FT LAUDERDALE FL 33301 | | |

| 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** JONATHAN P. FERRANDO

S 05/01/2000