

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90035 034 \*\*\*150.00

DOCUMENT # *H 34014*

1. Entity Name *Jiffy Billboards, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>c/o Michael D. Fricklas</i>		3. Mailing Address <i>c/o Michael D. Fricklas</i>	
Suite, Apt. #, etc. <i>1515 Broadway</i>		Suite, Apt. #, etc. <i>1515 Broadway</i>	
City & State <i>New York NY</i>		City & State <i>New York, NY</i>	
Zip <i>10036</i>	Country <i>USA</i>	Zip <i>10036</i>	Country <i>USA</i>

**B0058717**

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-2488270</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *Corporation Service Company*  
Street Address (P.O. Box Number is Not Acceptable)  
*1201 Hays Street*  
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

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 <i>DIR, EVP</i>	NAME <i>Michael D. Fricklas</i>
STREET ADDRESS <i>1515 Broadway</i>	CITY - ST - ZIP <i>New York, NY 10036</i>
TITLE <i>PR</i>	NAME <i>Wally C. Kelly</i>
STREET ADDRESS <i>2502 North Black Canyon Highway</i>	CITY - ST - ZIP <i>Phoenix AZ 85009</i>
TITLE <i>S, VP</i>	NAME <i>Angeline C. Straka</i>
STREET ADDRESS <i>1515 Broadway</i>	CITY - ST - ZIP <i>New York, NY 10036</i>
TITLE <i>AS</i>	NAME <i>Katherine B. Rosenberg</i>
STREET ADDRESS <i>1515 Broadway</i>	CITY - ST - ZIP <i>New York, NY 10036</i>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Katherine B. Rosenberg*

*2/29/02*

Date

*212-258-6847*

Daytime Phone #

CR2E034B (12/01)