

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90028 010 \*\*\*158.75

**54006291**



02102004 Chg-P CR2E034 (10/03)

|   |                           |  |   |   |  |    |          |
|---|---------------------------|--|---|---|--|----|----------|
| <b>DOCUMENT # K60729</b>  |                           |  |   |  |  |    |          |
| 1. Entity Name<br>VISION OUTDOOR ADVERTISING, INC.  |                           |  |   |   |  |    |          |
| Principal Place of Business<br>200 C SOUTH US HWY 27<br>MINNEOLA, FL 34711 US   |                           | Mailing Address<br>200 C SOUTH US HWY 27<br>CLERMONT, FL 34711 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<br><b>65-0222344</b>  | Applied For<br>Not Applicable  |    |          |
| 6. Name and Address of Current Registered Agent   |                           | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |   |  |    |          |
| KARST, GEORGE F., JR<br>C/O VISION OUTDOOR ADVERTISING, INC.<br>200 C SOUT US HWY 27<br>CLERMONT, FL 34711  |                           |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                           |  |   |   |  |    |          |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                           |   | <b>\$5.00 May Be Added to Fees</b>  |  |    |          |
| 10. OFFICERS AND DIRECTORS  |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |    |          |
| TITLE   | DVT                       | <input checked="" type="checkbox"/> Delete   | TITLE   | DPVTS   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | KARST, VICTORIA F         |  | NAME  | MICHAEL GRINER, MICHAEL   |  |    |          |
| STREET ADDRESS  | 2220 SW 34TH STREET, #128 |  | STREET ADDRESS  | 404 W. OSEOLA ST.   |  |    |          |
| CITY-ST-ZIP   | GAINESVILLE, FL 32608     |  | CITY-ST-ZIP   | CLERMONT, FL 34711  |  |    |          |
| TITLE   | DPS                       | <input checked="" type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | KARST, GEORGE F JR        |  | NAME  |   |  |    |          |
| STREET ADDRESS  | 200 C SOUTH US 27         |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   | CLERMONT, FL 34711        |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME  |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME  |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME  |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME  |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP   |   |  |    |          |
| 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: <i>Michael Griner Pres.</i>  |                           | Date: <i>2-12-04</i>   |   | Daytime Phone #: <i>321-6896307</i>   |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |  |   |   |  |    |          |