

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 9:39

DOCUMENT # L02000024721 1. Entity Name OUTDOOR MEDIA ZONE, LLC					
Principal Place of Business 15476 96TH LANE NORTH WEST PALM BEACH, FL 33412			Mailing Address 15476 96TH LANE NORTH WEST PALM BEACH, FL 33412		
2. Principal Place of Business 3921 S.W. 47th Avenue Suite, Apt. #, etc. Suite 1010 City & State DAVIE FLORIDA Zip 33314		3. Mailing Address 3921 S.W. 47th Avenue Suite, Apt. #, etc. Suite 1010 City & State DAVIE, FLORIDA Zip 33314		06092005 REIN-LLC CR2E101 (6/04) 4. FEI Number 22-3873019 APPLIED FOR 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, ALISON J 430 NORTH PALM WAY LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name Kevin Jean MCKINLEY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4020 PINELLA CIRCLE SUITE #510 City PALM BEACH GARDENS FL Zip Code 33410		
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 <i>Kevin Jean McKinley, Esq.</i> Kevin JEAN MCKINLEY, ESQ. <i>June 16, 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, ALISON J 430 NORTH PALMAY LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL CULVER 17800 SOUTH MAIN STREET SUITE 203 GARDENA, CA 90248	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TITLEY, STUART H 15476 96TH LANE NORTH WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700056820297 06/30/05--01064--005 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Michael Culver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			6-16-2005 310-851-9292 <small>Date Daytime Phone #</small>		