

003 LIMITED LIABILITY COMPANY
INFORMATIONAL STATEMENT REPORT (UBR)

DOCUMENT # L02000024721

1. Entity Name
OUTDOOR MEDIA ZONE, LLC



FILED

03 DEC -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

15476 96TH LANE NORTH
WEST PALM BEACH FL 33412

15476 96TH LANE NORTH
WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITLEY, STUART H
15476 96TH LANE NORTH
WEST PALM BEACH FL 33412

Name *Alison J. Oliver*
Street Address (P.O. Box Number is Not Acceptable)

430 North Palmyway
City *Lake Worth* FL Zip Code *33460*

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

700025168407
12/02/03--01064--003 **150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MGRM~~
NAME ~~KUYRKENDALL, GENE D JR~~
STREET ADDRESS ~~380 SOMERSET WAY~~
CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE ~~Delete~~
NAME ~~Gene D. Kuyrkendall Jr~~
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME OLIVER, ALISON J
STREET ADDRESS 430 NORTH PALMY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME TITLEY, STUART H
STREET ADDRESS 15476 96TH LANE NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412

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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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/17/03 954 791-6131

CR2E083 (4/03)