2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: ____

Mar 23, 2007 8:00 am Secretary of State DOCUMENT #L03000027157 03-23-2007 90170 005 ****50.00 1. Entity Name OUTDOOR MEDIA BUYERS, LLC Principal Place of Business Mailing Address 60028227 5461 NE 22 AVE PO BOX 190153 FT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33319 3. Mailing Address P.O. Box 39812 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-LLC CR2E083 (12/06) Ft. Lauderdale, FL City & State 4. FEI Number Applied For 21-9927186 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired us A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YON, FRANK E 5461 NE 22 AVE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33308 City 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME YON, FRANK E STREET ADDRESS 5461 NE 22 AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information indicated on this report is true and mation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information be 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 he receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the rec

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