2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L07000094950

Entity Name: OUTDOOR MEDIA CONSULTANTS, LLC

Current Principal Place of Business:

2295 SOUTH HIAWASSEE ROAD, SUITE 203
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2295 SOUTH HIAWASSEE ROAD, SUITE 203
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 26-1143591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOEPKER, TODD M ESQ.
C/O TODD M. HOEPKER, P.A.
390 N. ORANGE AVE., SUTIE 1800
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HOEPKER, TODD M ESQ.
C/O TODD M. HOEPKER, P.A.
390 N. ORANGE AVE., SUITE 1800
ORLANDO, FL 32801 US

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: 04/04/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THORNTON, STACY J
Address: 2295 SOUTH HIAWASSEE ROAD, SUITE 203
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THORNTON, STACY J
Address: 2295 S HIAWASSEE RD, STE 203
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Change (X) Addition
Name: THORNTON, HARKLEY R
Address: 2295 S HIAWASSEE RD STE 203
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARKLEY R THORNTON MGRM 04/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date