

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L97000000441**1. Entity Name
COMPASS OUTDOOR, L.C.

Principal Place of Business 1130 E. DONEGAN AVE. #7 KISSIMMEE FL 34744	Mailing Address 1130 E. DONEGAN AVE. #7 KISSIMMEE FL 34744
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0843206
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLACKFORD ROBERT F 3204 SE OTIS LANE PORT ST LUCIE FL 34984 US	7. Name and Address of New Registered Agent Name BLACKFORD ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1130 E. DONEGAN AVE. #7 City KISSIMMEE FL Zip Code 34744
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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.

SIGNATURE **ROBERT F. BLACKFORD****08/15/2001**

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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKFORD ROBERT F 1130 E. DONEGAN AVE. #7 KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert F. Blackford**MGRM 08/15/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)