## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am § Secretary of State DOCUMENT # M0000001461 1. Entity Name 05-22-2002 90205 025 \*\*\*\*50.00 NEXTMEDIA OUTDOOR, L.L.C. Principal Place of Business Mailing Address 6312 S. FIDDLER'S GREEN CIR., STE, 360E 6312 S. FIDDLER'S GREEN CIR., STE. 360E 965727 ENGLEWOOD CO 80111 ENGLEWOOD CO 80111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1519700 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEIBOWITZ, MATTHEW Street Address (P.O. Box Number is Not Acceptable) C/O LEIBOWITZ & ASSOCIATES, P.A. ONE S.E. THIRD AVENUE, SUITE 1450 MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE PRESIDEIT Delete ☐ Change Addition NAME DINETZ, STEVEN UMB PART CAME U 6312 S. FIDDLER'S GREEN CIR., STE. 360E STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ENGLEWOOD CO 80111 TITLE MGR Delete TITLE ☐ Change f Addition HIRSCH, CARL NAME NAME STREET ADDRESS 6312 S. FIDDLER'S GREEN CIR., STE. 360E STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP **ENGLEWOOD CO 80111** FW61 Elin MGR Delete TIPE PARE NEXTE TITLE ☐ Change Addition BAXTER, LORI NAME STREET ADDRESS STREET ADDRESS 1312 6312 S. FIDDLER'S GREEN CIR., STE. 360E CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80111 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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

MANAGER, OR AUTHORIZED REPRESENTATIVE

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED