

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001680

1. Entity Name
NEXTMEDIA OUTDOOR, LLC



Principal Place of Business
6312 S FIDDLER'S GREEN CIRCLE
STE 360E
ENGLEWOOD, CO 80111

Mailing Address
6312 S FIDDLER'S GREEN CIRCLE
STE 360E
ENGLEWOOD, CO 80111



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1519700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

U000000019717
01/29/04-80036-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCH, CARL E 6312 S FIDDLER'S GREEN CIRCLE, STE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINETZ, STEVEN 6312 S FIDDLER'S GREEN CIRCLE, STE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAXTER, LORI 6312 S FIDDLER'S GREEN CIRCLE, STE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOVER, SEAN 6312 S FIDDLERS GREEN CIRCLE, STE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSEN, SCHUYLER 6312 S FIDDLERS GREEN CIRCLE, STE 360E ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: _____

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

1/29/04

Date

303-694-9118

Daytime Phone #