

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 028 ***150.00

DOCUMENT # M34188

1. Entity Name
SUN MEDIA OUTDOOR ADVERTISING CORP.



Principal Place of Business
**1181 S. ROGERS CIRCLE
STE. 22
BOCA RATON, FL 33487**

Mailing Address
**1181 S. ROGERS CIRCLE
STE. 22
BOCA RATON, FL 33487**

50006873



2. Principal Place of Business

3. Mailing Address

1181 S. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 19

03182006

Chg-P

CR2E034 (11/05)

City & State

City & State
BOCA RATON, FL

4. FEI Number

59-2655204

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPOINTE, RICHARD
1181 S ROGERS APT #22
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **RICHARD A. LAPOINTE**

Street Address (P.O. Box Number is Not Acceptable)

1181 S. ROGERS CIRCLE SUITE 19

City **BOCA RATON**

FL **33487**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LAPOINTE, FLORIAN G.**
STREET ADDRESS **1181 S ROGERS CIR**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **SD** ☐ Delete
NAME **LAPOINTE, RICHARD A.**
STREET ADDRESS **1181 S ROGERS CIR #22**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE **R. A. LAPOINTE**

3/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #