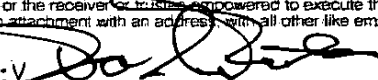


04-19-2007 90409 047 ***150.00

DOCUMENT # M34188 1. Entity Name SUN MEDIA OUTDOOR ADVERTISING CORP.						Secretary of State 04-19-2007 90409 047 ***150.00	
Principal Place of Business 1181 S. ROGERS CIRCLE STE # 19 BOCA RATON, FL 33487 US				Mailing Address 1181 SOUTH ROGERS CIRCLE SUITE 19 BOCA RATON, FL 33487 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092007 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Number 59-2655204		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAPORTE, RICHARD 1181 SOUTH ROGERS CIRCLE SUITE 19 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAPORTE, FLORIAN G. 1181 S ROGERS CIR #19 BOCA RATON, FL 33487	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#19	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAPORTE, RICHARD A 1181 S ROGERS CIR #19 BOCA RATON, FL 33487	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#19	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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: 				4/13/07 561-988-1234			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: Daytime Phone #			