FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) ATLANTIC ADVERTISING GROUP, INC. Principal Place of Business Mailing Address 7400 BAYMEADOWS WAY 7400 BAYMEADOWS WAY **STE 107** STE 107 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 09/21/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 217 Ponte Vedra Park Dr. 217 Ponte Vedra Park Dr. 59-2909391 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ponte Vedra Beach, FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 32082 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Same **DURDEN-SANDERS, SUSAN** 222 MAGNOLIA ST Street Address (P.O. Box Number is Not Acceptable) 82 **NEPTUNE BCH FL 32266** Avenue South 83 Zip Code 32250 Facksonville 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Seption 607.0505, Florida Statutes. SIGNATURE E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE TITLE 1.1 TITLE Susan Sanders Durden DURDEN, SUSAN S. 1.2 NAME NAME 137 35th Ave South 222 MAGNOLIA STREET 1.3 STREET ADDRESS STREET ADDRESS Jacksonville Beach FL 32250 NEPTUNE BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADORESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-27-98

904-280-9111

STREET ADDRESS

CITY-ST-ZIP

CR2E034