

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000055571**  
 1. Entity Name  
**STREET FURNITURE ADVERTISING GROUP, INC.**

FILED  
 02 APR -5 PM 4: 22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>444 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 600</b> City & State <b>Miami, FL 33131</b>		3. Mailing Address <b>444 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 600</b> City & State <b>Miami, FL 33131</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

4. FEI Number  
**31-1798866**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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IN THIS SPACE**

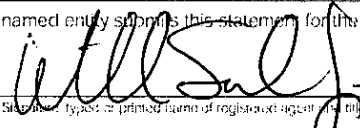
7. Name and Address of Current Registered Agent

Name  
**William G. Salim, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**800 Corporate Drive**  
**Suite 510**

City  
**Fort Lauderdale** FL **33334**

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.

SIGNATURE  **William G. Salim, Jr.** 3/11/02

SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT (IF APPLICABLE) (NOTE - Registered Agent Signature required when reappointing)

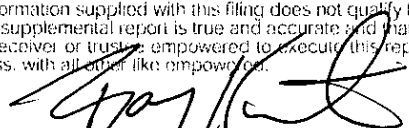
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Barry Kutun 444 Brickell Avenue, Suite 600 Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>300005308243--1 -04/19/02--01045--029 ****158.75 ****158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Alberto Waisman 444 Brickell Avenue, Suite 600 Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Eduardo Terranova 444 Brickell Avenue, Suite 600 Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary/Treasurer Marcos G. Victoria 444 Brickell Avenue, Suite 600 Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Marcello Touceda 444 Brickell Avenue, Suite 600 Miami, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **Barry Kutun** 3/20/02 (305) 400-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #