2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P01000092194 1. Entity Name **BILLBOARD CORP** Principal Place of Business Mailing Address 101 NE 1ST AVE 101 NE 1ST AVE OCALA, FL 34470 OCALA, FL 34470 No Chg-P 04022007 CR2E034 (11/05) Applied For 4 FFI Number 59-3758833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUDNIANYN, JOHN S DO NOT WRITE **101 NE 1ST AVE** OCALA, FL 34470 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE unn0000689820 11 RUDNIANYN, JOHN S II NAME STREET ADDRESS 101 NE 1ST AVE CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPAC TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the examptions 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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED