2003 FOR PROFIT CORPORATION

Mailing Address 515 NORTH FLAGLER DRIVE

WEST PALM BEACH FL 33401

SUITE 1700

3. Mailing Address

City & State

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR

P02000009323

6. Name and Address of Current Registered Agent

DOCUMENT #

Principal Place of Business 515 NORTH FLAGLER DRIVE

WEST PALM BEACH FL 33401

2. Principal Place of Business

KINO, GREGORY S

515 NORTH FLAGLER DRIVE

WEST PALM BEACH FL 33401

Suite, Apt. #, etc.

City & State

SUITE:1700

Zip

USA OUTDOOR ADVERTISING, INC.

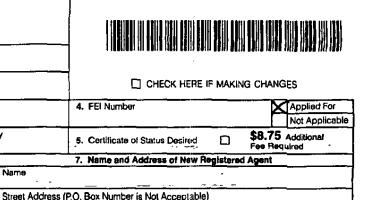
1. Entity Name

SUITE 1700

FILED May 22, 2003 8:00 am Secretary of State

04-30-2003 90314 045 ***150.00

COUPENDA



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: Registrated Agent algorature required when reinstating)

Country

Name

City

FILE NOW!!! FEE IS \$1\$0.00 After May 1, 2003 Fee will be:\$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034 (10/02)

Zip Code

Make Check Payable to Fiorida Department of Sizite			
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory S. Kino Drive, Svite 1700 515 N. Flagler Drive, Svite 1700 West P.Im Bench, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE "NAME STREET ADDRESS CITY-ST-ZIP	☐ Delets	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 filling 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address with all other like ampowered.

SIGNOTURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR