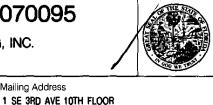
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**



UNIFORM BUSINI	ESS REPOR	ΙΤ (L	JBR)	Secretary of State			
DOCUMENT # P0200	0070095		Secretary of State 09-10-2003 90063 018 ***550.00				
MILLENNIUM OUTDOOR ADVERTIS	NG, INC.						
Principal Place of Business  1 SE 3RD AVE 10TH FLOOR MIAMI FL 33131	Mailing Address 1 SE 3RD AVE 10TH FLC	OOR		The second se			
er e e e e e e e e e e e e e e e e e e							
2. Principal Place of Business 3. Mailing Address				T THE REPORT OF THE BEHIND SERVE BOTHE BOTHE The serve of the serve o			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State				4. FEI Number Applied For Not Applicable			
Zip Country	Zip	Count	try	Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
en e	سيمين برايد ان السوالات	الأد يمينانه	Name	المسامع والمستقدين المستقدين المستو			
FINANCIAL FOUNDATIONS, INC.			Street Address (P.O. Box Number is Not Acceptable)				
3150 SANDY RIDGE DR CLEARWATER FL 33761							
		ŀ	City	FL Zip Code			
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	or the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE							
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	1 Agent signature required	when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing S5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

	ptember 10, 2003 Fee will be \$750.00 Repartment of State			Trust Fund Contribution.		to Fees			
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLANDER, JOEL A 1 SE 3RD AVE 10TH FLOOR MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	And the second s	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: