

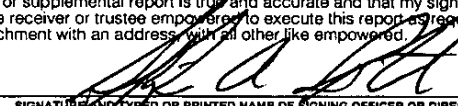


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000071692</b> 1. Entity Name <b>IMAGINE OUTDOOR ADVERTISING, INC.</b>						<b>FILED</b> <b>06 MAY -1 PM 2:35</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2199 PONCE DE LEON BLVD STE 200</b> <b>CORAL GABLES, FL 33134</b>				Mailing Address <b>2199 PONCE DE LEON BLVD STE 200</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business <b>150 ALHAMBRA CIRCLE</b>		3. Mailing Address <b>150 ALHAMBRA CIRCLE</b>					
Suite, Apt. #, etc. <b>SUITE 925</b>		Suite, Apt. #, etc. <b>SUITE 925</b>					
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>					
Zip <b>33134</b>		Country <b>USA</b>		Zip <b>33134</b>		Country <b>USA</b>	
4. FEI Number <b>11-3694669</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC.</b> <b>2300 CORAL WAY STE 103</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>LOPEZ-CANTERA, CARLOS M</b> <b>150 ALHAMBRA CIR, SUITE 925</b> <b>CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-family: cursive;">\$875/11</div> <div style="font-size: 1.2em;">300075094669</div> <div style="font-size: 1.2em;">05/23/06--01032--010 **158.75</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BLUMENTHAL, STEPHEN A</b> <b>150 ALHAMBRA CIR, SUITE 925</b> <b>CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: _____ <div style="text-align: center;">  </div>				<div style="display: flex; justify-content: space-between;"> <span>4/24/06</span> <span>305-856-0056</span> </div>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>STEPHEN A. BLUMENTHAL</b>				Date Daytime Phone #			