


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 035 ***150.00

DOCUMENT # P03000079610 1. Entity Name OUT-HOUSE ADVERTISING, INC.	
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Principal Place of Business 2781 NE 23RD PL. POMPANO BCH, FL 33962	Mailing Address 2781 NE 23RD PL. POMPANO BCH, FL 33962
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44002259



2. Principal Place of Business 1604 SW 9th Street Suite, Apt. #, etc. 1	3. Mailing Address 1604 SW 9th Street Suite, Apt. #, etc. 1
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01132004 Chg-P CR2E034 (10/03)

City & State Fort Lauderdale FL.	City & State Fort Lauderdale
Zip 33312	Country USA

4. FEI Number 57-1179020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINDERMAN, CLARIBEL 2781 NE 23RD PL. POMPANO BCH, FL 33962	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDERMAN, CLARIBEL <input type="checkbox"/> Delete 2781 NE 23RD PL. POMPANO BCH, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSON, DEBBIE <input type="checkbox"/> Delete 2781 NE 23RD PL. POMPANO BCH, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKES, RICHARD <input type="checkbox"/> Delete 2781 NE 23RD PL. POMPANO BCH, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MATTHEW <input type="checkbox"/> Delete 2781 NE 23RD PL. POMPANO BCH, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1604 SW 9th Street Fort Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1604 SW 9th Street Fort Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1604 SW 9th Street Fort Lauderdale FL 33312
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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"/> Change <input type="checkbox"/> 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:  1-13-04 954-854-6316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Phone #