

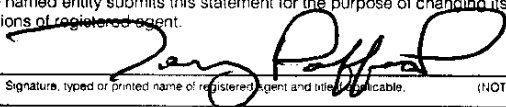
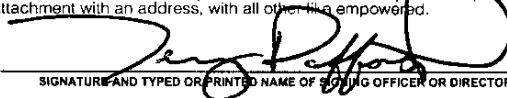


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 004 ***150.00

DOCUMENT # P03000153498 1. Entity Name SUMMIT OUTDOOR ADVERTISING, INC.					
Principal Place of Business 922-B EAST LAFAYETTE STREET TALLAHASSEE, FL 32301			Mailing Address 922-B EAST LAFAYETTE STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 11626 Crawfordville Hwy Suite, Apt. #, etc. Suite B City & State Crawfordville, FL Zip 32327 Country U.S.A.		3. Mailing Address 11626 Crawfordville Hwy Suite, Apt. #, etc. Suite B City & State Crawfordville, FL Zip 32327 Country U.S.A.		40108897 	
4. FEI Number 90-0148425				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BELL, NEIL R 4841 LAKE PARK DRIVE TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Terry D. Pafford Street Address (P.O. Box Number is Not Acceptable) 248 Sand Pine Trail City Crawfordville FL Zip Code 32327		
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  DATE 6-19-08 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAFFORD, TERRY D CEO 4841 LAKE PARK DRIVE TALLAHASSEE, FL 32311	<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	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	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
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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 filing empowered.					
SIGNATURE: 			Date 6-19-08 Daytime Phone # 850-926-5061		