

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90019 041 \*\*\*150.00

DOCUMENT # P07000059140

1. Entity Name  
MARTIN OUTDOOR MEDIA OF COLORADO, INC.



Principal Place of Business Mailing Address  
151 NE 166TH STREET 151 NE 166TH STREET  
MIAMI, FL 33162 US MIAMI, FL 33162 US

60024010



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0347011

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIVIL TRIAL PRACTICE, P.A.  
152 NE 167TH STREET  
300  
MIAMI, FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME  
P MARTIN, SCOTT  
STREET ADDRESS  
151 NE 166TH STREET  
CITY-ST-ZIP  
MIAMI, FL 33162 ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08  
Date

Daytime Phone #