## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11486  1. Entity Name THE LAMAR CORPORATION PROPERTIES, INC.							FILED  06 APR 19 AM 9: 09  MITANAS LE, FLORIDA					
Principal Place of Business Mailing Address 5551 CORPORATE BLVD. PO BOX 66338 2-A BATON ROUGE, LA 70808					US				II BIGN <b>S</b> IGN BI	B14 G2M14 G1M11 <b>3</b> 1 <b>G</b> 2	****	
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt, #, etc.			Suite, Apt. #, etc.				04062006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Numbe 72-064				plied For	
Zip	Country		Zip Coun		ntry	5. Certific		of Status Desired		\$8.75 Add	itional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					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 spplicable (NOTE Registered Agent Agent signature required when renstating)  DATE												
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	D 1)) A	OFFICERS AND	DIRECTORS Delete	11.		Dec	ADDITIONS,	CHANGES TO OFF	FICERS AND	O DIRECTORS  Change	S IN 11	
NAME THE CACEMISS IN CIVIP	AME REILLY, SEAN NAME ACRIPESS 5551 CORPORATE BLVD, 2-A STREET					Bre 55	ent McC	wrate Bh	1d 10808		CA YOURON	
TO E NAME STREET ADDRESS IN 1Y-91-ZIP							ما	J		Change	Addition	
T LE NAME  ***********************************		EITH A RPORATE BLVD. 2-A ROUGE, LA	☐ Delete				May	ય		☐ Change	Addition	
FILE NAME TREET ADDRESS TO JE ZIP							04/	700072 28/06010	2757 3500	□ Change 7237 35 **15	Addition	
TAGE NAME TREET ADDRESS MAY ST-ZIP										☐ Change	☐ Addition	
CTUE NAME CHEEF ADURESS OY NIT ZIP	5551 CO	T, T. EVERETT RPORATE BLVD., STE ROUGE, LA 70808	Delete							☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not quality 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 PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TO DO												