2000 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2000 08:00 AM DOCUMENT # P93000080019 1. Entity Name **Secretary of State** ABACUS BILLBOARDS, INC. Principal Place of Business Mailing Address 696 FIRST AVENUE NORTH 696 FIRST AVENUE NORTH SUITE 201 SUITE 201 ST PETERSBURG ST PETERSBURG FL FL 33701 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3211031 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON 696 FIRST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 201 ST PETERSBURG 33701 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. 01/24/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVS TILE DVS ☐ Detete X Change ☐ Addition CUSHMAN THOMAS NAME CUSHMAN THOMAS STREET ADDRESS 696 FIRST AVE NORTH, SUITE 201 STREET ADDRESS 696 FIRST AVE NORTH, SUITE 201 CITY-ST-ZIP ST PETERSBURG FLCITY-ST-ZIP ST PETERSBURG \mathbf{FL} 33701 TITLE ☐ Delete DPT TITLE X Change ☐ Addition NAME NAME WILKINSON G. BARRY WILKINSON G. BARRY STREET ADDRESS 696 FIRST AVE NORTH, SUITE 201 STREET ACCRESS 696 FIRST AVE NORTH, SUITE 201 CITY-ST-ZIF ST PETERSBURG FI. CITY-ST-7IP ST PETERSBURG FT. 33701 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED