2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2007 8:00 am DOCUMENT # P94000062652 **Secretary of State** 02-27-2007 90007 008 ***158.75 CASHI OUTDOOR ADVERTISING, INCORPORATED Principal Place of Business Mailing Address . CASHI OUTDOOR ADV. INC. P.O. BOX 547759 2904 S. WESTMORELAND DR. ORLANDO FL 32854-7759 ORLANDO FL 32805 2. Principal Place of Business - No P.O. Box # 2385 Forest Club Drive 3. Mailing Address 2385 Forest Club Drive Suile, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3275580 Orlando, Not Applicable \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KASCHAI, R. CASH P.O. Box Number is Not Acceptable) . 2904 SOUTH WESTMORELAND DR. ORLANDO FL 32805 32804 32804 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mir 🔼 Change ■ Addition ☐ Delete TITLE KASCHAI, RALPH C NAMI NAME 2385 FOREST CLUB DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY - ST - 7IP CHY ST-ZIP IIIIE ☐ Delete ☐ Change THLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST ZIP 11111 ☐ Change ☐ Delete IIILI Addition NAMI NAMI STRUET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST ZIP THIE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST 7IP ☐ Delete 11111 ☐ Change ☐ Addition NAMi NAMI STREET ADDRESS STRLET ADDRESS CHY SI ZIP CHY ST ZIP 11111 ☐ Delete HILL Change Addition | NAMI NAME STRUET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

R. Cash Kaschai 2-19-07 (407)
ER OR DIRECTOR
Date
Date
Date

FILED