

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088810

1. Entity Name

OUTDOOR MEDIA GROUP, INC.

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90004 009 \*\*\*550.00

Principal Place of Business

41 W. MICHIGAN STREET  
ORLANDO FL 32806

Mailing Address

P.O. BOX 2566  
WINDMERE FL 34786-2566

2. Principal Place of Business

8816 LAKE SHEEN CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32836

Country

Zip

Country

4. FEI Number

59-3343364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENSMINGER, TED C II  
6420 RALEIGH STREET  
APT. 3213  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENSMINGER, TED C II	
STREET ADDRESS	6420 RALEIGH ST., APT. 3213	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SMYTH, KEVIN W	
STREET ADDRESS	8816 LAKE SHEEN CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, KEVIN W.	
STREET ADDRESS	8816 LAKE SHEEN CT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-00

Date

407-345-8793

Daytime Phone #

CR2E034 (9/99)