2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000088810 DOCUMENT

1. Entity Name

OUTDOOR MEDIA GROUP, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90180 046 ***150.00

Principal Place 6 8816 LAKE SHEI ORLANDO FL 32	EN COURT	Mailing Address P.O. BOX 2566 WINDMERE FL 34786						
2. Principal Plac		3. Mailing Address		}	2 1901/401 110 10/61 ANSI 20511 ADIIL BRIDI	##)@} ##	
	rsailles Circle	Suite, Apt. #, etc.			V OUEON HEDE IE MA	VINC CHANGES		
Suite, Apt. #,	, etc.	Soite, Apr. #, cio.			CHECK HERE IF MA			
City & State		City & State		4. F	El Number 59-3343364		plied For	
Maitlar	d, FL	Winderme					t Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Addi		
32751	6. Name and Address of Current	Posietered Agent		7. N	lame and Address of New Registe	<u> </u>		
	b. Name and Address of Current	negisiered Agent	Name	_				
SMYTH, KEVIN				Street Address (P.O. Box Number is Not Acceptable)				
-	SHEEN COURT		Street Ad	aress (P.O. B	ex Number is Not Acceptable/			
			95	h Vec	sailles Lipcle			
ORLANDO I	rl 32030			e va	1	Zip Code		
			City	raitland	d	327	51	
the obligation	named entity submits this statement for the stat		registered office or E: Registered Agent signatu		2-5-0		and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution.	☐ Added	May Be i to Fees	
10.	OFFICERS AND		11.		DITIONS/CHANGES TO OFFICERS		Addition	
NAME STREET ADDRESS	PCEO Smyth, Kevin W 8816 Lake Sheen Ct. Orlando Fl 32836	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid Roslyn 956 ve	ent Smyth rsailles Circle land, FL 32751	☐ Change	Adoliton	
	ORLANDO FE 32030	□ Delete	TITLE	716	(0,10,10,10,10,10,10,10,10,10,10,10,10,10	☐ Change	☐ Addition	
TITLE NAME			NAME					
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CITY-ST-ZIP			CITY-ST-ZIP				Addition	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME					
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CITY-ST-ZIP			TITLE	 		☐ Change	Addition	
TITLE	•	□ Delete	NAME			_ 3		
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	• •		CITY-ST-ZIP	l				
indicated	ertify that the information supplied w on this report or supplemental report coration or the receiver or trustee em or on an attachment with an address	is true and accurate and that nowered to execute this report	my signature shall it t as required by Cha					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR