

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90031 023 ***150.00

DOCUMENT # *P 96 0000 13881* *NIC*
 1. Entity Name
Infinity Outdoor of Florida Inc.

Principal Place of Business Mailing Address

AVU49528

2. Principal Place of Business Mailing Address
Michael D. Fricklas
 Suite, Apt. #, etc. *1515 Broadway*
 City & State *New York, NY*
 Zip *10036* Country *USA*

DO NOT WRITE IN THIS SPACE
 4. FEI Number *65-064 1292*
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hay Street
Tallahassee, FL 32301

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<i>CEO</i>	<input type="checkbox"/> Delete
NAME	<i>Michael D. Karmazin</i>	
STREET ADDRESS	<i>1515 Broadway</i>	
CITY-ST-ZIP	<i>New York, NY 10036</i>	
TITLE	<i>CFD</i>	<input type="checkbox"/> Delete
NAME	<i>Farid Auleman</i>	
STREET ADDRESS	<i>57 West 52nd Street</i>	
CITY-ST-ZIP	<i>New York, NY 10019</i>	
TITLE	<i>EVP</i>	<input type="checkbox"/> Delete
NAME	<i>Michael D. Fricklas</i>	
STREET ADDRESS	<i>1515 Broadway</i>	
CITY-ST-ZIP	<i>New York, NY 10036</i>	
TITLE	<i>SEC</i>	<input type="checkbox"/> Delete
NAME	<i>Angelina C. Straka</i>	
STREET ADDRESS	<i>1515 Broadway</i>	
CITY-ST-ZIP	<i>New York, NY 10036</i>	
TITLE	<i>AS</i>	<input type="checkbox"/> Delete
NAME	<i>Glenn W. Stack</i>	
STREET ADDRESS	<i>1515 Broadway</i>	
CITY-ST-ZIP	<i>New York, NY 10036</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Glenn W. Stack* *Ilene W. Stack*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *2/21/2001* Daytime Phone # *258-6874*

CR2E034 (11/00)