

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000013881

1. Entity Name
INFINITY OUTDOOR OF FLORIDA INC.



Principal Place of Business
C/O MICHAEL D FRICKLAS
1515 BROADWAY
NEW YORK, NY 10036 US

Mailing Address
C/O MICHAEL D FRICKLAS
1515 BROADWAY
NEW YORK, NY 10036 US

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0641292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000127318
04/26/04-60013-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVPT
NAME	FREEDLINE, ROBERT G
STREET ADDRESS	1515 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	DEVP
NAME	FRICKLAS, MICHAEL
STREET ADDRESS	1515 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	DVP
NAME	GORDON, SUSAN C
STREET ADDRESS	1515 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	AS
NAME	FUERST, JANE R
STREET ADDRESS	1515 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	PR
NAME	KELLY, WALLY C
STREET ADDRESS	2502 N BLACK CANYON HWY.
CITY-ST-ZIP	PHOENIX, AZ 85009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jane R. Fuerst

Jane R. Fuerst, Asst. Secy. 3/19/04 212 258-6847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #