04-21-2003 90400 012 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P96000013881

1. Entity Name

INFINITY OUTDOOR OF FLORIDA INC.



Principal Place of Business Mailing Address 10080789 C/O MICHAEL D FRICKLAS C/O MICHAEL D FRICKLAS 1515 BROADWAY 1515 BROADWAY NEW YORK NY 10036 NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0641292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET .... TALLAHASSEE FL 32301/ City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tatle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DIR/VPITR Robert G Change X Addition TITLE TITLE **CFOD** 🔀 Delete NAME NAME SULEMAN, FARID STREET ADDRESS STREET ADDRESS 1515 BROADWa 57 WEST 52ND STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 DIR IEVPISE TITLE ☐ Delete Change ☐ Addition TITLE EVP NAME NAME FRICKLAS, MICHAEL STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Change ✓ Delete TITLE **S** Addition TITLE SEC NAME NAME STRAKA, ANGELINE C STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 🔀 Addition Delete 🔁 Cohange TITLE TITLE NAME NAME ROSENBERG, KATHERINE B STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** Addition TITLE TITLE ☐ Delete NAME NAME KELLY, WALLY C STREET ADDRESS STREET ADDRESS 2502 N BLACK CANYON HWY. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85009 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07/0/1/ Flexide 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 | of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flori changed, or on an attachment with an address, with all other like empowered

Jane R. Fuerst, Assistant Secretary

212-258-6847 04/ //03

11 if

SIGNATURE:

STREET ADDRESS

CITY-ST-71P