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Document Number Only		SECRETARY OF STATE
CT Corporation System Requestor's Name 660 East Jefferson Sti	reet	SER 5
Address Tallahassee, FL 32301 City State Zip	(850)222-1092 Phone	
City State Zip CORPORATIO		600002988756: -09/16/9901040004 *****35.00 *****35.00
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Name Availability	C. COULLIETTE	SEP 1 6 1999
Document Examiner		ease Return Extra Copies File Stamped To:
Updater	9/16	Jeffrey Butterfield
Verifier Acknowledgment		
W.P. Verifier		

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Revolution Outdoor Advertising, Inc.
1b. Date of incorporation December 11, 1996 Document number P6000100161
2. The name and address of the current registered agent and office:
215 South Monroe Street, Suite 420, Tallahassee, FL 32301
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Keith A. Istre Vice President/CFO (Type or printed name and title) DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: SIGNATURE BY: Jennifer McBurnett, Asst. Registered Agent) DATE 9/14/99
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA - 2194 - 3/4/92)

CR2E045 (7-91)