225-926-1000

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P96000100161 1. Entity Name REVOLUTION OUTDOOR ADVERTISING, INC.						FILED 03 FEB 18 PM 3: 37		
Principal Place of Business 5551 CORPORATE BOULEVARD., 2-A BATON ROUGE LA 70808 US			Mailing Address P.O. BOX 66338 BATON ROUGE LA 70896-6338		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal	Place of Busine	SS	3. Mailing Address			- 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF M	AKING CHANGES	3
City & State			City & State .			4. FEI Number 59-3418650		applied For
Zip Country			Zip Counti		ntry	5. Certificate of Status Desired	¢0.75 .	
	6. Name a	nd Address of Current R	sistered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)			
8. The above the obliga	itions of register	ubmits this statement for ad agent.	the purpose of changing its	s register	City .	ed agent, or both, in the State of Florida.	I am familiar with	
Afte Make Checi 10.	FILE NOW!!! er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of SOFFICERS AND D	State IRECTORS	11.	d Agent signature required	Selection Campaign Financia Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICER:	Adde	OO May Be d to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REILLY, KEV 5551 CORPO	in Jr Drate Boulevard., ; Ige la 70808	☐ Delete		I	90001278 02/19/0301029	□ Change 36229 017 **17	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i Drate Boulevard., : Ge la 70808	□ Delete 2-A				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GERALD H Drate Blvd., Ste. 2a Ge la 70808	☐ Delete	1	i i		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AMES PRATE BOULEVARD., 2 GE LA 70808	□ Delete				☐ Change	☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP	VP REILLY, SEA 5551 CORPO BATON ROU	rate blvd.	☐ Delete				☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	BATON ROU	rate BLVD., Ste. 2A Ge la 70808		CiTY-	T ADDRESS ST-ZIP		☐ Change	Addition
		supplierne ital report is the sceiver or trustee empower ment with an address with		ny signati as require	ure shall have the sa ed by Chapter 607,	stion 119.07(3)(i), Florida Statutes. I furthe ame legal effect as if made under oath; the Florida Statutes; and that my name appe		