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PROFIT CORPORATION ANNUAL REPORT

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998 P97000099232 (5) RUNNING BILLBOARD CORP.

Principal Place of Business Mailing Address 5850 LAKEHURST DR #275 5850 LAKEHURST DR #275 ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PINTO, EDEGAR A **5850 LAKEHURST DR #275** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. **SIGNATURE** (NCITE: Flogistered Agent signature required when reinstating) Signature typed or present name of regenered agreer and effect applicable CR2E034 (10/97 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 11 DILE NAME PINTO, EDEGAR A 1.2 NAME 5850 Lanehurst Dr. # 150-21 **5850 LAKEHURST DR #275** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition TITLE 21 THILE PINTO, CONCEICAO A 2.2 NAME NAME 5850 LAKEHURST DR #275 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL 32819** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-71P DELETE Change Addition TITLE 4.5 TIME NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CITY - ST - ZIP

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 empored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attact preprint with air address.

EDEGAR A. PINTA

1/26/98

FILED

May 06 1998 8:00am

Secretary of State