## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-7IP



ELORIDA DEPARTMENT DE STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P98000000303 (1)

CLEAR CHANNEL OUTDOOR, INC.

Principal Place of Business Mailing Address C/O BRUCE JAY TOLAND. P.A. C/O BRUCE JAY TOLAND, P.A. **801 BRICKELL AVE. STE 1501** 801 BRICKELL AVE. STE 1501 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 12/31/1997 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intendible Personal Property Tax due June 30. Yes No Zip Zip Country 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOLAND, BRUCE JAY 801 BRICKELL AVE, STE 1501 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition **PSD** DELETE TITLE 1.1 TITLE **NEVILLE, THOMAS F** 1.2 NAME NAME 801 BRICKELL AVE, STE 1501 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP \_\_\_ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-S1-ZIP CITY-ST-ZIP \_\_\_ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. hereby certify that the information supplied with this filing does not qualify by the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or emplemental 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 control of the receiver of trustee empowered of execute this report of sequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offinged or on an attachment with an address.