

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000303

1. Entity Name

CLEAR CHANNEL OUTDOOR, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90094 001 *1,050.00

Principal Place of Business

C/O BRUCE JAY TOLAND, P.A.
801 BRICKELL AVE. STE 1501
MIAMI FL 33131

Mailing Address

C/O BRUCE JAY TOLAND, P.A.
801 BRICKELL AVE. STE 1501
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Bruce Jay Toland PA

Suite, Apt. #, etc.

80 SW 8 Street, #1920

City & State

Miami, Florida

Zip
33130

Country

Miami-Dade

3. Mailing Address

c/o Bruce Jay Toland PA

Suite, Apt. #, etc.

80 SW 8 Street, #1920

City & State

Miami, Florida

Zip
33130

Country

Miami-Dade

4. FEI Number

65-0902577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLAND, BRUCE JAY
801 BRICKELL AVE, STE 1501
MIAMI FL 33131

Name

Bruce Jay Toland PA

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8 Street, Suite 1920

City

Miami

FL

Zip Code

33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
NEVILLE, THOMAS F
801 BRICKELL AVE, STE 1501
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)