2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 16, 2001 8:00 am Secretary of State DOCUMENT # P98000022402 05-16-2001 90101 009 ***550.00 DYNAMIC OUTDOOR ADVERTISING, INC. Principal Place of Business Mailing Address POST OFFICE BOX 6307 POST OFFICE BOX 6307 MARIANNA FL 32447 MARIANNA FL 32447 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3563342 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ HARKINS, JAMES E JR. Street Address (P.O. Box Number is Not Acceptable) 4413 MARION STREET MARIANNA FL 32448 Zip Code City FL 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. JAMES E. HAMENS ON. SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE HARKINS, JAMES E JR. NAME NAME STREET ADDRESS 3124 FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

THINET

Daytime Phone #