## 2004 FOR PROFIT CORPORATION

## Feb 25, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P99000035065 02-25-2004 90053 037 \*\*\*158.75 1. Entity Name USA SIGNS INC. OF SOUTH FLORIDA Principal Place of Business Mailing Address 2312 NORTHWEST 30TH COURT 2312 NORTHWEST 30TH COURT FT LAUDERDALE, FL 33311-1416 FT LAUDERDALE, FL 33311-1416 2. Principal Place of Business 4950 W. R.C. 3. Mailing Address: 950 W Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ۵ι. 65-0912449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES:TO OFFICERS AND DIRECTORS IN 11 **PSTD** Vice President TITLE ☐ Delete TITLE Change NAME CENTANNI, PHYLLIS NAME Cenzann Prospect Road STREET ADDRESS 2312 NORTHWEST 30TH COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 333111416 CITY-ST-ZIP Treasurer TITLE ☐ Delete TITLE Addition ☐ Change May Lawrence NAME NAME STREET ADDRESS 950'W. 400 sect Road STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 333os TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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Daytime Phone #

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

12. 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 10 or Block 11 if