

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
 01-18-2000 90117 024 \*\*\*158.75

**DOCUMENT # P99000081871**

1. Entity Name  
**OUTDOOR MOBILE MEDIA, INC.**

Principal Place of Business Mailing Address  
**2252 TONIWOOD LANE 2252 TONIWOOD LANE**  
**HARBOR FL 34685 PALM HARBOR FL 34685-2225**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2323 34<sup>th</sup> Way N 2323 34<sup>th</sup> Way N**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Largo FL Largo FL**

Zip Country Zip Country  
**33771 US 33771 US**

4. FEI Number Applied For  
**59-3599987** Not Applicable

5. Certificate of Status Desired **A** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORRIS, ANDREW J**  
**2252 TONIWOOD LANE**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **Andrew Morris**  
 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2323 34 <sup>th</sup> Way N		STREET ADDRESS	Andrew Morris	
CITY-ST-ZIP	Largo FL 33771		CITY-ST-ZIP	2323 34 <sup>th</sup> Way N	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Andrew Morris		STREET ADDRESS	2323 34 <sup>th</sup> Way N	
CITY-ST-ZIP	Largo FL 33771		CITY-ST-ZIP	Largo FL 33771	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Andrew Morris**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)