2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 20, 2008 8:00 am Secretary of State **DOCUMENT # \$52136** 02-20-2008 90009 038 ***150.00 WALLACE OUTDOOR ADVERTISING, INC. Principal Place of Business Mailing Address 7425 US HWY 19 7425 US HWY 19 NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 59-3070834 Not Applicable Zip 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 Name WALLACE WALLACE, BRENT D. Street Address (P.O. Box Number is Not Acceptable) 5303 SEA FOREST DR FOREST **NEW PORT RICHEY, FL 34652** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE Change | ☐ Addition TITLE Delete WALLACE, BRENT D. NAME STREET ADDRESS 5303 SEA FOREST DR. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GEIGER, SHERRON O NAME NAME 900 SILO BRANCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRANKLIN, NC 287348277 CITY-ST-ZIP VP TITLE ☐ Delete ☐ Addition WALLACE, JOSIE V NAME STREET ADDRESS 5303 SEA FOREST DRIVE1 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

FILED