FROM : DIANE HARE CPA PHONE NO. : 18507858665

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 006 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071461

1. Entity Name

ADVANCED SIGN SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3218 SARASOTA AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY, FLORIDA	City & State
Zip: 32405 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3673513 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DIANE C. HARE, CPA

Street Address (P.O. Box Number Is Not Acceptable): 3003 SOUTH HWY 77 SUITE A

City: LYNN HAVEN FL Zip Code: 32444

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) [ ]

January 1 - May 1 Fee is $150.00 After May 1 Fee is $550.00 Amended UBR is $61.25 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	PRESIDENT
NAME	STEVEN DRING
STREET ADDRESS	P O BOX 1058
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	PAULA DRING
STREET ADDRESS	P O BOX 1058
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E031B (12/01)

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

SIGNATURE: [signature] 4-30-02 850 914 9925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEPHEN W. DRING, PRESIDENT