

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 OCT 25 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/26/00--01119--001  
\*\*\*\*550.00 \*\*\*\*550.00

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 828557</b>					
1. Entity Name <b>REDS INCORPORATED</b>					
Principal Place of Business <b>100 CINERGY FIELD CINCINNATI, OH 45202</b>			Mailing Address <b>100 CINERGY FIELD CINCINNATI, OH 45202</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>31-0621431</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FLORIDA 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ 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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SCHOTT, M U 100 CINERGY FIELD CINCINNATI, OH 45202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LINDNER, C H 100 CINERGY FIELD CINCINNATI, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTIN, R 100 CINERGY FIELD CINCINNATI, OH 45202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert C. Martin, Sec.</u>			October 9, 2000 (513)333-0990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/99)

Deloitte & Touche LLP  
250 East Fifth Street  
P.O. Box 5340  
Cincinnati, Ohio 45201-5340

Tel: (513) 784 7100  
www.us.deloitte.com

**Deloitte  
& Touche**

October 3, 2000

Ms. Vonda Hill  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Reds, Incorporated

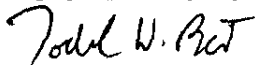
Dear Ms. Hill:

On behalf of the above named taxpayer, our client, we are responding to your letter (letter number 000A00049562), dated September 20, 2000. The letter indicates that the taxpayer failed to submit the annual report with the check and therefore, the return and check cannot be processed.

We respectfully submit the Taxpayers' 2000 Annual Report completed in full and signed by an authorized officer or director. We apologize for the delay and request that the Taxpayer be reinstated to their original standing with Florida. The Taxpayer, with good intent, filed the original return in February but failed to get the appropriate signature on the Report. When notified, the Taxpayer contacted Deloitte and Touche and together acted swiftly to rectify the situation. Unfortunately, the second attempt was thwarted by the omission of the report when the check was filed in September. The Taxpayer acted in good faith in their attempts of filing the Annual Report and have taken the appropriate steps to ensure it does not happen again.

If you should have any questions, please feel free to call me at (513) 784-7129.

Yours very truly,  
DELOITTE & TOUCHE



Todd W. Best

cc: Anthony Ward



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 20, 2000

DELOITTE & TOUCHE LLP  
P.O. BOX 5340  
CINCINNATI, OH 45201-5340

We have received your check(s); however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Vonda Hill  
ANNUAL REPORTS SECTION

Letter number: 000A00049562

Director's Office