

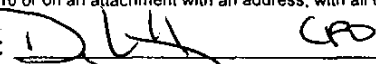
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90125 005 ***150.00

60012875

DO NOT WRITE IN THIS SPACE

DOCUMENT # 828557			
1. Entity Name REDS INCORPORATED			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 100 MAIN STREET Suite, Apt. #, etc.		3. Mailing Address 100 MAIN STREET Suite, Apt. #, etc.	
City & State CINCINNATI, OH Zip 45202		City & State CINCINNATI, OH Zip 45202	
		4. FEI Number 31-0621431	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name CT CORPORATION SYSTEM	
		Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
		City PLANTATION	
		FL Zip Code 33324	
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) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CASTELLINI, ROBERT 100 MAIN STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRAFE, KARL J. 1 EAST FOURTH STREET, SUITE #919 CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)