2007 FOR PROFIT CORPORATION

FILED \mathbf{AM} ate

ANNUAL REPORT					Jul 25, 2007 08:00			
DOCUMENT # F9300005052 1. Entity Name					Secretary of Sta			
SOUTHE	RN BLEACHER COMPANY,	, INC.						
Principal Plac POST OFFICE GRAHAM, TX	: 1	Mailing Address POST OFFICE 1 GRAHAM, TX 76450						
DO NOT WRITE IN THIS SPA			CF	07162007		CR2E034 (11/05)		
	o nor mare		~	4. FEI Num 75-20	50107	Applied For Not Applica		
	The state of the s	A STATE OF THE STA	<u> </u>	5. Certifical	te of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A				· -	NOT W			
TALLAHA	SSEE, FL 32301			IIN	ITIIS SE	ACE		
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered egent a	4. (55.02.55)	7 - 55 gal. 25	Mark Front Contraction	U0000 	0770433 -80003-015_158_75	ept	
FILE NOWIII FEE IS \$150.00 Due by Søptember 14, 2007		9. Election Campaign Final	9. Election Campaign Financing Trust Fund Contribution.					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DOP PETTUS, JOANN 801 FIFTH STREET GRAHAM, TX 76450	DIRECTORS						
TITLE HAME STREET ADDRESS CITY-ST-ZIP	Order and Toron							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	/RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS