

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT #** F97000003891  
**1. Entity Name**  
Jellystone, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
One Office Park Circle, Suite 300  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Birmingham, AL

**City & State**

**4. FEI Number**  
72-1384215

**Applied For**  
 Not Applicable

**Zip**  
35223

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**  
**Name**  
C T CORPORATION SYSTEM  
**Street Address (P.O. Box Number is Not Acceptable)**  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324  
**City** **FL** **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** \_\_\_\_\_  
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**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** MADDOX, THOMAS J  
**STREET ADDRESS** 1 OFFICE PARK CIRCLE SUITE 300  
**CITY-ST-ZIP** BIRMINGHAM AL 35223

**TITLE** PT  
**NAME** MCDONALD, WILLIAM W  
**STREET ADDRESS** 1 OFFICE PARK CIRCLE SUITE 300  
**CITY-ST-ZIP** BIRMINGHAM AL 35223

**TITLE** VS  
**NAME** MCDONALD, CORNELIA W  
**STREET ADDRESS** 1 OFFICE PARK CIRCLE SUITE 300  
**CITY-ST-ZIP** BIRMINGHAM AL 35223

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**CITY-ST-ZIP**

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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:** William W. McDonald **WILLIAM W. MCDONALD** 1-15-04 (205) 879-0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**