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FILED
May 24, 2002 8:00 am
Secretary of State
03-13-2002 90099 039 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001011

1. Entity Name
TRANSNATIONAL OUTDOOR POWER, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1605 S. ELMIRA RUSSELLVILLE AR 72801	1605 S. ELMIRA RUSSELLVILLE AR 72801

	2. Principal Place of Business	3. Mailing Address
Street	2504 W. Main St.	2504 W. Main St.
Suite, Apt. #, etc.	Suite C	Suite C
City & State	Russellville, AR	Russellville AR
Zip / Country	72801 / USA	72801 / USA

4. FEI Number 71-0839840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member William David McMahen 2504 W. Main St. Suite C CEO Russellville, AR. 72801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mac Robinson 2504 W. Main St. Suite C CFO Russellville, AR. 72801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE REQUIRED 2-28-2002 479-880-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #