2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100024263

1. Entity Name

WILLIAM L. REED, INC.

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90453 021 ***150.00

Country Country Country Signature, typed or printed name of registered agent and stell applicable. File NoW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State City FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State City FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TITLE NAME STREET ADDRESS CITY-SI-ZIP COUNTRY 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee R									
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City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name GRANGER, ANDREW L 2804 REMINISTON GREEN CIR., STE. 4 TALLAHASSEE FL 32308 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 acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida Description of registered agent, or both, in the State of Florida Description of registered agent, or both, in the State of Florida Description of registered agent. SIGNATURE S	2. Principal Place of Business		3. Mailing Address		\dashv		BIIT 11811 01014 1161	9 6 1100 1111 1001	
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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 frue and accurate apertifial 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 employered 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 employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03

880-893-9972

Daytime Phone #

R2En34 (10/02)