

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                 |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
| DOCUMENT # <b>PO100006288</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                 |                                        |
| 1. Corporation Name<br><b>Up To The Minute Reporting, Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                 |                                        |
| 2. Principal Office Address<br><b>208 THIRD AVENUE, NORTH</b><br>Suite, Apt. 9, etc.<br><b>SUITE 300</b><br>City & State<br><b>NASHVILLE, TN</b><br>Zip<br><b>37201</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3. Mailing Office Address<br><b>208 THIRD AVENUE, NORTH</b><br>Suite, Apt. 9, etc.<br><b>SUITE 300</b><br>City & State<br><b>NASHVILLE, TN</b><br>Zip<br><b>37201</b> Country |                                                 |                                        |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>JUNE 22, 2001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                 |                                        |
| 5. FFL Number<br><b>705-1144889</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                 |                                        |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                 |                                        |
| 7. Name and Address of Current Registered Agent<br>Name<br><b>KIP WARGO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2408 NORTHEAST 6<sup>TH</sup> AVENUE</b><br>Suite, Apt. 9, etc.<br>City<br><b>WILTON MANORS</b> State<br><b>FL</b> Zip Code<br><b>33305</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                 |                                        |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0508, F.S.<br>Signature of Registered Agent <b>K. Wargo</b> Date <b>1-8-03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                 |                                        |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                 |                                        |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Officer and/or Director                                                                                                                                               | Street Address of Each Officer and/or Director  | City / State / Zip                     |
| PRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>RICHARD BENOIT, JR</b>                                                                                                                                                     | <b>3300 EAST LAKE DRIVE NASHVILLE, TN 37214</b> |                                        |
| V.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DEBRA REYNOLDS</b>                                                                                                                                                         | <b>1910 OLD HUNDRED ROAD</b>                    | <b>MIDLOTHIAN, VA 23113</b>            |
| TRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>JAREN CASHNER</b>                                                                                                                                                          | <b>3300 EAST LAKE DRIVE NASHVILLE, TN 37214</b> |                                        |
| 10. I declare that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 and 617, F.S. I declare under penalty of perjury that this reappointment application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(b), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                                                                                                                                                               |                                                 |                                        |
| SIGNATURE: <b>Richard Benoit, Jr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Date<br><b>1-9-03</b>                           | Daytime Phone #<br><b>615-322-6565</b> |