

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90113 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                                      |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P01000067557</b><br>1. Entity Name<br><b>WILL PAY INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                      |                                                                   |
| Principal Place of Business<br>123 NW 13 ST<br>STE 214-12<br>BOCA RATON, FL 33432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | Mailing Address<br>123 NW 13 ST<br>STE 214-12<br>BOCA RATON, FL 33432                                                                |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                        |                                                                   |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             | City & State<br><br>Zip      Country                                                                                                 |                                                                   |
| 4. FEI Number<br><b>65-1119756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                                      |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>MASSIAS, WILLIAM</b><br><b>123 NW 13 ST</b><br><b>CANAL POINT, FL 33438</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                                      |                                                                   |
| FILE FILING FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                      |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete<br><b>MASSIAS, WILLIAM</b><br><b>123 NW 13 ST STE 214-12</b><br><b>BOCA RATON, FL 33432</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                             |                                                                                                                                      |                                                                   |
| SIGNATURE: <b>William Massias</b> Date: <b>May 28, 2003</b> Daytime Phone: <b>(876) 918-9941</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                                      |                                                                   |



☐ CHECK HERE IF MAKING CHANGES

CFR034 (10/02)