

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000083180

Entity Name: SUB STATION INC.

FILED  
Sep 24, 2008  
Secretary of State

## Current Principal Place of Business:

10700 QUAIL RIDGE DR  
PONTE VEDRA, FL 32081

## New Principal Place of Business:

145 HILDEN RD.  
SUITE 106  
PONTE VEDRA, FL 32081

## Current Mailing Address:

10700 QUAIL RIDGE DR  
PONTE VEDRA, FL 32081

## New Mailing Address:

FEI Number: 27-0117556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MARTYN, JAMES  
Address: 10700 QUAIL RIDGE DR  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D ( ) Delete  
Name: MARTYN, JAMES  
Address: 10700 QUAIL RIDGE DR  
City-St-Zip: PONTE VEDRA, FL 32081

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change ( ) Addition  
Name: MARTYN, JAMES  
Address: 10700 QUAIL RIDGE DR  
City-St-Zip: PONTE VEDRA, FL 32081

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P. ( ) Change (X) Addition  
Name: MARTYN, KIMBERLY  
Address: 10700 QUAIL RIDGE DR.  
City-St-Zip: PONTE VEDRA, FL 32081

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MARTYN

PSDT

09/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date