


2007 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P05000005231 1. Entity Name WEBBCM, INC.	
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FILED
07 SEP 13 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 861 S 10TH STREET JACKSONVILLE, FL 32250	Mailing Address 861 S 10TH STREET JACKSONVILLE, FL 32250
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2. Principal Place of Business - No P.O. Box # 7635 Founders Way	3. Mailing Address 7635 Founders Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Bch, FL	City & State Ponte Vedra Bch, FL
Zip 32082	Zip 32082
Country St. Johns	Country St. Johns


REINSTATEMENT 06-07
 (S) 2007 REINSTATEMENT FEE 098 (1/07)
 4. FEI Number **20-2128646** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent WEBB, THOMAS C 7635 FOUNDERS WAY PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete
NAME	WEBB, THOMAS C
STREET ADDRESS	7635 FOUNDERS WAY
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	<i>[Signature]</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100109702901
STREET ADDRESS	09/20/07--01027--026 **300.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **Thomas C. Webb** **09/10/07** **9042412533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #