FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Apr 28, 2006 8:00 am -Secretary of State

Daytime Phone #

Date

UNIFORM BUSINESS REPORT (UBR)					Secretary of State	
DOCUMENT : 1. Entity Name	# P950000482	88	·		04-28-2006 90193 010 **	·*150.00
Longview, Inc.						
DO N	IOT WRIT	E IN THIS	SPA	CE		
2: Principal Place of		3. Mailing Address			50017312	
740 Florida Central Parkway, Suite 2000 Suite, Apt. #, etc.		740 Florida Central Parkway Suite, Apt. #, etc.			_ DO NOT WRITE IN THIS SPACE	
		Suite 2000				
City & State Longwood, FL		City & State Longwood			4. FEI Number 59-3315095	Applied For Not Applicable
Zip 32750	Country USA	Zip 32750	USA	ountry	5. Certificate of Status Desired	\$8.75 Additional
					ne and Address of Current Register	ered Agent
	Name Charles T. E		Name Charles T. Bla	llack, Jr.		
•	DO NOT W IN THIS SI	RIIE		Street Add	Address (P.O. Box Number is Not Acceptable) a Central Parkway	
- پ		AOL		Suite 2000		
				City Longwood	FL	Zip Code 32750
8. The above name	d entity submits this:	statement for the pur	pose of c		stered office or registered agent, or	
SIGNATURE		d accept the obligatio		_		
	ture, typed or printed name - May 1 Fee is \$150	of registered agent and title	if applicabl	e. (NOTE: Regist	ered Agent signature required when reinstating) DATE
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS /	AND DIRECTORS	11.			
TITLE NAME	P/T/S Charles T. Black, J	r		TLE AME		
STREET ADDRESS	861 Big Buck Circle			TREET ADDRESS	5	
CITY-ST-ZIP	Winter Springs, FL		C	ITY-ST-ZIP		
TITLE NAME				TLE AME		
STREET ADDRESS CITY-ST-ZIP			S ⁻ Cl	TREET ADDRESS TY-ST-ZIP	S	
TITLE NAME				TLE AME		
STREET ADDRESS	ADDRESS			TREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE NAME				TLE AME	IN THIS SP	ACE
STREET ADDRESS				TREET ADDRESS	S	
CITY-ST-ZIP	-			TY-ST-ZIP		
TITLE NAME				TLE AME		
STREET ADDRESS		S ⁻	TREET ADDRESS	s		
CITY-ST-ZIP TITLE		·		<u>ITY-ST-ZIP</u> TLE		· · · · · · · · · · · · · · · · · · ·
NAME				AME		
STREET ADDRESS CITY-ST-ZIP			s ⁻	TREET ADDRESS ITY-ST-ZIP	5	
					stated in Section 119.07(3)(i), Florida Sta	
as if made under oa	ath; that I am an officer	or director of the corpor	ation or th	e receiver or trust	and that my signature shall have the sar ee empowered to execute this report as h an address, with all other like empowe	required by
	121					
SIGNATURE		/ Charles T. I	Black .fr		4/26/2006 (40	7) 260-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR