## FOR PROFIT CORPORATION

## FILED May 30, 2008 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)					Secretary of State		
DOCUMENT # P95000048288					05-30-2008 90221 024 *	***150.00	
1. Entity Name	,						
·		ì					
Languiou Inc							
Longview, Inc.					1		
DO N	OT WDITE	- INI THI	e en	ACE	40106853		
DO NOT WRITE IN THIS SPACE					40100000		
2. Dringing Diagonal	( D in a	9 Marilian A	1-1		-		
2. Principal Place of 740 Florida Central P	3. Mailing Address 740 Florida Central Parkway						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE		
	Suite 2000						
City & State		City & State			4. FEI Number	Applied For	
Longwood, FL		Longwood, FL		<u> </u>	59-3315095	Not Applicable	
Zip	Country	Zip	ال	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
32750	USA	32750	JUS		ne and Address of Current Regis		
		,		Name	ne and Address of Current Regis	itered Agent	
DO NOT WRITE				Charles T. Bla	Charles T. Black, Jr.		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				740 Florida C	entral Parkway		
		7.0_		Suite 2000			
	<i>:</i> *			City	FL	Zip Code	
				Longwood	<del>-</del>	32750	
					istered office or registered agent, o	r both, in the	
	am familiar with, and	accept the obli	gations of re	egistered agent.			
SIGNATURE	whe		Charles T. E			4/29/2008	
Signal	ture, typed or printed name - May 1 Fee is \$150	of register∉d agent a	nd title if applic	able. (NOTE: Regis	tered Agent signature required when reinstation	ng) DATE	
	- May 1 Fee is \$150.00 lay 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25					Trust Fund Contribution.	Added to Fees	
	le to Florida Departr	nent of State	<u> </u>				
10.	P/T/S	ND DIRECTOR	(5) 1	1. TITLE			
NAME	Charles T. Black, Jr			NAME			
STREET ADDRESS	Parkway	-	STREET ADDRES	s			
CITY-ST-ZIP	Longwood, FL 3275	i0		CITY-ST-ZIP			
TITLE NAME				TITLE NAME			
STREET ADDRESS		;		STREET ADDRES	s		
CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP			
TITLE			1	TITLE			
NAME STREET ADDRESS				NAME STREET ADDRES	s		
CITY-ST-ZIP				CITY-ST-ZIP	$^{\circ}$   DO NOT W	VRITE	
TITLE				TITLE	IN THIS SI		
NAME		,		NAME	1	PACE	
STREET ADDRESS	1			STREET ADDRES	s		
CITY-ST-ZIP TITLE				CITY-ST-ZIP TITLE			
NAME .		•		NAME			
STREET ADDRESS				STREET ADDRES	s		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		•		TITLE NAME			
STREET ADDRESS		*		STREET ADDRES	s		
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that				y for the exemption	stated in Section 119.07(3)(i), Florida S		
					and that my signature shall have the si		
					tee empowered to execute this report a th an address, with all other like empow		
Chapter 607, FIORD	a Grarutes, and that my	name appears in	PIOCK TO DE C	m an addonnent Wi	an address, with all other like empow	ereu.	
	1 10	=/_ '					
SIGNATURE			s T. Black,			07) 260-6999	
SIGN	ATURE AND TYPEO O	RIPRINTED NAM	ME OF SIGNII	NG OFFICER OR D	DIRECTOR Date Date	aytime Phone #	