

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90290 013 \*\*\*150.00

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

20038538

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |         |                                                                                         |                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000003240</b><br>1. Entity Name<br><b>RED ABSTRACT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |         |                                                                                         |                                                                                                                                  |  |
| Principal Place of Business<br><b>518 ORANGE DRIVE, SUITE 23<br/>         ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |         | Mailing Address<br><b>518 ORANGE DRIVE, SUITE 23<br/>         ALTAMONTE SPRINGS, FL</b> |                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                               |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |         | City & State                                                                            |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Country |                                                                                         | Zip                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Country |                                                                                         | 4. FEI Number<br><b>58-3639798</b>                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |         |                                                                                         | Applied For Not Applicable                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>MILLER, ROBERT E<br/>         518 ORANGE DRIVE, SUITE 23<br/>         ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |         |                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |         |                                                                                         |                                                                                                                                  |  |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |         |                                                                                         |                                                                                                                                  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>FILED MAY 1 2003 8:00 AM</b><br/> <b>SECRETARY OF STATE</b> </div> <div style="width: 50%;"> <b>CR2E034 (10/02)</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |         |                                                                                         |                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                            |                                                                                                                                  |  |
| TITLE<br><b>PD</b><br>NAME<br><b>MILLER, ROBERT E</b><br>STREET ADDRESS<br><b>518 ORANGE DRIVE, SUITE 23</b><br>CITY-STATE-ZIP<br><b>ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br><b>VPD</b><br>NAME<br><b>MILLER, JACQUALYN W</b><br>STREET ADDRESS<br><b>518 ORANGE DRIVE, SUITE 23</b><br>CITY-STATE-ZIP<br><b>ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br><b>D</b><br>NAME<br><b>MILLER, ROBERT E</b><br>STREET ADDRESS<br><b>518 ORANGE DRIVE, SUITE 23</b><br>CITY-STATE-ZIP<br><b>ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br><b>D</b><br>NAME<br><b>MILLER, JACQUALYN W</b><br>STREET ADDRESS<br><b>518 ORANGE DRIVE, SUITE 23</b><br>CITY-STATE-ZIP<br><b>ALTAMONTE SPRINGS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |         | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                   | <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(2)(1), 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 687, 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |         | Date: <b>4/28/03</b> File No: <b>407-33-0784</b>                                        |                                                                                                                                  |  |