FILED Feb 18, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name REED ADVERTISING DESIGN, INC.								02-18-2003 90101 037 ***150.00				
Principal Place of Business 722 SOUTH BLVD LAKELAND FL 33801			722	Mailing Address 722 SOUTH BLVD LAKELAND FL 33801								
2. Principal F	Place of Busin	ess	3. Ma	3. Mailing Address						 		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 59-3561560 Applied For Not Applica			pplied For ot Applicable	
Zip Country									ertificate of Status Desired		8.75 Ad ee Require	
	6. Name	and Address of Cu	rent Register	ed Agent				7. N	ame and Address of New Re	gistered A	gent	
BEEU-V	Δ	· 	-			Name						
-722°SOU							ddress (P. 12 0	.O. Bo	x Number is Not Acceptable) SOUTH BLVI	>		The second of th
		•				City				FL	Zíp Cod	le
8. The above the obligat	named entity	submits this statemered agent.	ent for the purp	ose of changing it	s register	ed office or	registere	d age	nt, or both, in the State of Flori	ida. I am fa	miliar with,	and accept
SIGNATURE .					· .							
	Signature, typed o	r printed name of registered	agent and title if app	licable. (NO	TE: Registere	d Agent signati	re required w	hen rein	istating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550 Florida Departme	.00		, :				9. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees
10.		OFFICERS	AND DIRECTO	RS	11.				DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, ANI 720 SOUTI LAKELAND	H BLVD		☐ Delete			V/5	/D			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 REED, G. / 720 SOUTI LAKELAND	H BLVD	· · · · · · · · · · · · · · · · · · ·	☐ Delete			P/C/	M		ı	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			ب سنشند ب				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1	,	•		ĺ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			<u> </u>	·		ĵ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				··-		Ľ	Change	☐ Addition
of the corp	on this report poration or the	or supplemental rep	ort is true and a impowered to e	accurate and that resected that report	ny signati as requis	ura chall ha	wa tha car	ma lac	9.07(3)(i), Florida Statutes. I fr gal effect as if made under oa s Statutes; and that my name a	the that I am	an affinar	ar alleantar

SIGNATURE:

SIGNATIBLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/10/03

863 688 1152