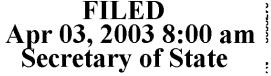
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000105514 **DOCUMENT #** 1. Entity Name RILEY, INC.



04-03-2003 90135 024 ***150.00

			O WE			
Principal Place of Business 2339 9TH STREET MORTH ST PETERSBURG FL 33704		Mailing Address 2339 9TH STREET NORTH ST PETERSBURG FL 33704				
2. Principal Place of Business		3. Mailing Address		1 10011001 (10 10110 40111 80111 80111 80111 80111 10111 11111 11111 11111 11111 11111 11111 1111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3613494	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			<u>'</u>	7. Name and Address of New Registered Agent		
		,	Name			
BYRNE, JAMES A ESQ 👑 👙			0			
540 4TH STREET NORTH			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33701				***************************************		
ST FETENDORIGHE SOTOT						
]		City		F	Zip Code	
	named entity submits this statementions of registered agent.	t for the purpose of changing i	L ts registered office or r	egistered agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE .	•	•			ĺ	
SIGNATURE.	Signature, typed or printed name of registered ag	gent and title if applicable. (NC	OTE: Registered Agent signature	a required when reinstating) DAT	E .	
Afte	ILE NOW!!! EEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen	00	- · · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
THTLE	D	☐ Oelete	TITLE	VICE President	Change Addition	
NAME .	ST. AMANT, LINDA		NAME	STAmant DayID	, 01	
STREET ADDRESS	2339 9TH STREET NORTH		STREET ADDRESS	ST. Amant David, 2339, 9th ST. North	7	
CITY-ST-ZIP	ST PETERSBURG FL 33704		CITY-ST-ZIP	37. Pete FL 33704		
TITLE	***	☐ Delete	TITLE	-	☐ Change ☐ Addition (🌣	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: