


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S23708		
1. Entity Name SOUTHEAST DIGITAL NETWORKS, INC.		

FILED

09 APR -9 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2425 TORREYA DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 2425 TORREYA DRIVE TALLAHASSEE, FL 32303 US
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2. Principal Place of Business - No P.O. Box # 2709 ALLEN ROAD	3. Mailing Address 2709 ALLEN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 08-09

City & State TALLAHASSEE	City & State TALLAHASSEE	4. FEI Number 59-3048417	Applied For <input type="checkbox"/> Not Applicable
Zip 32312	Country LEON	Zip 32312	Country LEON

6. Name and Address of Current Registered Agent WATTS, RODNEY W 2425 TORREYA DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name RODNEY W. WATTS Street Address (P.O. Box Number is Not Acceptable) 2709 ALLEN ROAD City TALLAHASSEE FL Zip Code 32312	
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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 <u>Rodney Watts</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/9/09</u>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTS, RODNEY 4111 RIVERWOOD ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rodney Watts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/9/09</u> <small>Daytime Phone #</small>