

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 047 ***150.00

DOCUMENT # J00519
1. Entity Name
 1 HOUR SIGNS, Inc.

Principal Place of Business
 823 Thomasville Rd
 Tallahassee, FL
 32303

Mailing Address
 Same

2. Principal Place of Business
 823 Thomasville Rd
 Suite, Apt. #, etc.

3. Mailing Address
 823 Thomasville Rd
 Suite, Apt. #, etc.

City & State
 Tallahassee FL

City & State
 Tallahassee, FL

Zip
 32303

Country
 USA

Zip
 32303

Country
 USA

4. FEI Number
 59-2661644

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Scott H. Thornton

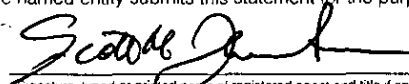
Street Address (P.O. Box Number is Not Acceptable)
 2905 Whittington Dr.

City
 Tallahassee

State
 FL

Zip Code
 32308

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.

SIGNATURE  **DATE** 4/25/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

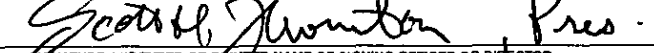
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Scott H. Thornton	
STREET ADDRESS	2905 Whittington Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	V. Pres.	<input type="checkbox"/> Delete
NAME	Jennifer L. Thornton	
STREET ADDRESS	2905 Whittington Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/25/00 **Daytime Phone #** (850) 224-7446

CR2E034 (9/99)