2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** 850983 1. Entity Name HARRELL VISTA HOST, INC. 05-13-2002 90250 009 ***150.00 Principal Place of Business Mailing Address 10370 RICHMOND AVE 10370 RICHMOND AVE **STE 150 STE 150** HOUSTON TX 77042 HOUSTON TX 77042 US US 2. Principal Place of Business 3. Mailing Address Sutte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-1982205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRELL, MICHAEL V NAME STREET ADDRESS 10370 RICHMOND AVE., STE. 150 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP TITLE ٧S Delete TITLE ☐ Change ☐ Addition NAME LONG, KATHIE NAME STREET ADDRESS 10370 RICHMOND AVE., STE. 150 STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77042 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATHIE LONG, UP SIGNATURE AND TYPED OR PRINTED NAME

04/16/02 713-267-

CR2E034 (9/01)