

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90145 031 ***150.00

0653196 AT

DOCUMENT # F00000004205

1. Entity Name
CISCO-EAGLE, INC.



Principal Place of Business
**2120 VALLEY VIEW LANE
FARMERS BRANCH TX 75234**

Mailing Address
**5208 S. 100 E. AVE
TULSA OK 74146-5798**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-1256078**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STRIFLER, STEVEN	
STREET ADDRESS	2120 VALLEY VIEW LANE	
CITY-ST-ZIP	FARMERS BRANCH TX 75234	
TITLE	WC	<input type="checkbox"/> Delete
NAME	CUPPS, WILLIAM D	
STREET ADDRESS	5208 S. 100 E. AVENUE	
CITY-ST-ZIP	TULSA OK 74146-5798	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEVEN R	
STREET ADDRESS	2120 VALLEY VIEW LANE	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	GANDALL, WARREN W	
STREET ADDRESS	5208 S. 100 E. AVE	
CITY-ST-ZIP	TULSA OK 74146-5798	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHEELER, NICHOLE	
STREET ADDRESS	5208 S 100 E AVENUE	
CITY-ST-ZIP	TULSA OK 74146-5798	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Nichole Wheeler **NICHOLE WHEELER** 4-30-02 918-622-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)