

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90025 011 ***150.00

DOCUMENT # F97000001834

1. Entity Name
CONTINENTAL WOW, INC.

Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	Mailing Address 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1800 Valley View	3. Mailing Address 1800 Valley View
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Suite, Apt. #, etc.

City & State Dallas, TX	City & State Dallas, TX
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4. FEI Number 75-2700094	Applied For
	Not Applicable

Zip 75234	Country Dallas	Zip 75234	Country Dallas	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE _____ DATE _____
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete BLAHA, KARL L 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP Karl L. Blaha 1800 Valley View lane, Dallas, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DS WALDMAN, ROBERT A 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS Robert A. Waldman 1800 Valley View, Dallas, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V ENDENDYK, BRUCE A 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Bruce A. Endendyk-- 1800 Valley View, Dallas, 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V BARTON, D. BRIAN 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	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
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

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.

Robert A. Waldman

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 469-522-4200
Date Daytime Phone #

CR2E034 (10/00)