

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90250 008 ***150.00

DOCUMENT # P12523

1. Entity Name
VISTA HOST, INC.

Principal Place of Business

**10370 RICHMOND AVE
 STE 150
 HOUSTON TX 77042
 US**

Mailing Address

**10370 RICHMOND AVE
 STE 150
 HOUSTON TX 77042
 US**

959946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0171131

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P HARRELL, MICHAEL V		
STREET ADDRESS	10370 RICHMOND AVE., STE. 150	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042	CITY-ST-ZIP	
	V LONG, KATHIE		
STREET ADDRESS	10370 RICHMOND AVE., STE. 150	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON-TX 77042	CITY-ST-ZIP	
	V BIRCKHEAD, PETER		
STREET ADDRESS	10370 RICHMOND AVE., STE. 150	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042	CITY-ST-ZIP	

CR2E034 (9/01)

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: *Kathie Long* **REQUIRED KATHIE LONG, VP** **04/16/02 713-267-5800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #