


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90191 011 ***150.00

DOCUMENT # P98000102507			
1. Entity Name NYALA FARMS, INC.			
Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308		Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3545980				Applied For			
				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPTAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W		NAME	Regina Weaver	
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600		STREET ADDRESS	8750 N. Central Expressway #800, Dallas TX 75231	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	DVAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFFREY		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	DVAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, LYNNE M		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD #600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, G ANDREWS		NAME		
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY #800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75231		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, EDWARD		NAME		
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY #800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75231		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V + S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARALDO, MARK		NAME		
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY #800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75231		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: SIGNATURE RE G ANDREWS SMITH **2/6/03** **214.989.0800**

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

CR2F034 (10/02)