

2001 UNIFORM BUSINESS REPORT (UBR)

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

0669155

DOCUMENT # L12461

1. Entity Name
LICENSE CORP. NO. 1

05-16-2001 90201 036 ***150.00

Principal Place of Business **New Address:** Mailing Address
~~2820 CORAL WAY~~ **800 DOUGLAS RD** **3102 OAK LAWN AVE**
~~MIAMI FL 33145~~ **ANNEX BLDG#111** **SUITE 215**
~~US~~ **CORAL GABLES,** **DALLAS TX 75219**
FL. 33134 **US**

657265



DO NOT WRITE IN THIS SPACE

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 75-2710436	Applied For <input type="checkbox"/> 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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICHENOR, MCHENRY T JR	NAME	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, JEFFREY T	NAME	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	CITY-ST-ZIP	
TITLE	COOS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKES, DAVID D	NAME	COO Gary Stone
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	STREET ADDRESS	3102 Oak Lawn Ave., Ste 215
CITY-ST-ZIP	DALLAS TX 75201	CITY-ST-ZIP	Dallas, TX 75219
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEROW, DAVID D	NAME	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David Gerow **DAVID GEROW** **3/19/01** **214.525.7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)