

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12461

1. Entity Name

LICENSE CORP. NO. 1



FILED

03 APR 15 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
800 DOUGLAS ROAD  
ANNEX BLDG # 111  
CORAL GABLES FL 33134  
US

Mailing Address  
3102 OAK LAWN AVE  
SUITE 215  
DALLAS TX 75219  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2710436

Applied For  
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 Signature, typed or printed name of registered agent and title if applicable. (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	CEOP	<input type="checkbox"/> Delete
NAME	TICHENOR, MCHENRY T JR	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	HINSON, JEFFREY T	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	COO	<input type="checkbox"/> Delete
NAME	STONE, GARY	
STREET ADDRESS	3102 OAK LAWN AVENUE STE 215	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEROW, DAVID D	
STREET ADDRESS	3102 OAK LAWN AVE., STE 215	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *DAVID D GEROW*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 214-525-7700  
Date Daytime Phone #

0658827 AT

CR2E034 (10/02)