
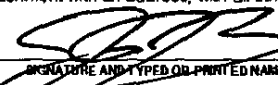


FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90938 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 404719</b>					
1. Entity Name <b>LEE HUTS, INC.</b>					
Principal Place of Business <b>14841 DALLAS PKWY 35137 DALLAS, TX 75240-2100 US</b>			Mailing Address <b>14841 DALLAS PKWY 35137 DALLAS, TX 75240-2100 US</b>		
2. Principal Place of Business <b>14841 Dallas Parkway</b>			3. Mailing Address <b>14841 Dallas Parkway</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Dallas, TX</b>		City & State <b>Dallas, TX</b>		4. FEI Number <b>59-1462200</b>	
Zip <b>75254-7552</b>		Country <b>Dallas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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's signature required when resigning) DATE _____					
FILE NOW!!! FEB 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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	MURPHY, JOHN J				
STREET ADDRESS	14841 DALLAS PKWY				
CITY-ST-ZIP	DALLAS, TX 752547552				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	MORGAN, MELANIE K				
STREET ADDRESS	14841 DALLAS PKWY				
CITY-ST-ZIP	DALLAS, TX 752547552				
TITLE	VPTS	<input type="checkbox"/> Delete			
NAME	HORN, IDA W				
STREET ADDRESS	14841 DALLAS PKWY				
CITY-ST-ZIP	DALLAS, TX 752547552				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	Dallas, TX 75254-7552				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	Dallas, TX 75254-7552				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	Dallas, TX 75254-7552				
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					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		John J. Murphy		4/8/03 972/338-7700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/02)