2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 850982 1. Entity Name LEISURE DYNAMICS INC

FILED May 14, 2001 8:00 am Secretary of State

| | | | | | | | | ***150 | |
|---|---|--|--|---|--|--|--------------|------------------------------|-------------------------------------|
| Principal Place of Business 2600 CITADEL PLAZA DRIVE SUITE 300 HOUSTON TX 77008 | | Mailing Address 2600 CITADEL PLAZA DRIVE SUITE 300 HOUSTON TX 77008 | | | | | | | 007 |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRIT | E IN THIS SI | PACE | |
| City & Sta | te | City & State | | 4. | FEI Number | 74-1829046 | | | pplied For |
| Zip | Country | Zip | Country | 5. | Certificate of | Status Desired | | 8.75 Ad ee Require | |
| in This was | 6. Name and Address of Current | Registered Agent | Name | | Name and Ad | dress of New Ro | gistered A | gent | |
| 1200 | CORPORATION SYSTEM OS. PINE ISLAND ROAD VTATION FL 33324 | | | | Box Number is | Not Acceptable |) | | |
| | | | City | | | | FL | Zip Cod | le |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTI | E: Registered Agent sign | coture required when r | einetating) | | DATE | | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | | !!! FEE IS \$150 01 Fee will be : | 0.00 \$550.00 | 10. Election | n Campaign Fina und Contribution | incing _ | | 0 May Be |
| Tax filing | requirement and elects to do so. ria on back) OFFICERS AND | FILE NOW! After MAY 1, 20 Make Check Payab | !!! FEE IS \$150 01 Fee will be : | 0.00 \$550.00 ent of State | 10. Electic Trust F | | incing | Adde | to Fees |
| Tax filing (See crite | requirement and elects to do so. | FILE NOW! After MAY 1, 20 Make Check Payab | !!! FEE IS \$150 01 Fee will be sole to Departme | 0.00 \$550.00 ent of State AD A/exano 2600 Ci | 10. Electic Trust F DDITIONS/CH. | ANGES TO OFFICE ANGES TO OFFIC | uncing | Adde | to Fees |
| Tax filing (See crite 11. TITLE NAME STREET ADDRESS | requirement and elects to do so. ria on back) OFFICERS AND PD ALEXANDER, STANFORD 2600 CITADEL PLAZA DRIVE | FILE NOW! After MAY 1, 20 Make Check Payab | III FEE IS \$150 101 Fee will be sole to Departme 12. TILE NAME STREET ADDRESS | PD Alexand Alexand Alexand Alexand Alexand Alexand Alexand | 10. Electic Trust F DOITIONS/CH. Hes, Standard Hedel Plan On, TX | ANGES TO OFFICE LOS DIVE 77008 EW Minason | ERS AND [| Adde | to Fees S IN 11 |
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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:

CR2E034 (10/00)