

1974113866  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**  
 02-28-2000 90181 003 \*\*\*150.00

**DOCUMENT # 855516**

**1. Entity Name**  
**BASS ENTERPRISES PRODUCTION CO.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2300 FIRST CITY BANK TOWER 201 MAIN STREET FT WORTH TX 76102	2300 FIRST CITY BANK TOWER 201 MAIN STREET FT WORTH TX 76102-3105

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**4. FEI Number** 75-1076930  Applied For  
 Not Applicable

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

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, SID R.	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEDARY, WILLIAM H.	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, LEE M.	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, PERRY R.	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, EDWARD P.	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	COTHAM, W. ROBERT	
STREET ADDRESS	201 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	

**12. 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	

**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:** W. Robert + Cotham **2/29/00** **817-390-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. Robert + Cotham Vice President** Daytime Phone #

CR2E034 (9/99)