


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 855516</b> 1. Entity Name <b>BASS ENTERPRISES PRODUCTION CO.</b>	
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Principal Place of Business <b>201 MAIN STREET SUITE 2300 FT WORTH, TX 76102</b>	Mailing Address <b>201 MAIN STREET SUITE 2300 FT WORTH, TX 76102</b>
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01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-1076930</b>	Applied For <input type="checkbox"/> Not Applicable
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>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, SID R. 201 MAIN ST FT WORTH, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, STEWART L 201 MAIN ST FORT WORTH, TX 76102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, LEE M. 201 MAIN ST FT WORTH, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ROBERT M 201 MAIN ST FT WORTH, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, EDWARD P. 201 MAIN ST FT WORTH, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS COTHAM, W. ROBERT 201 MAIN ST FT WORTH, TX	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE: _____ <b>Certified Article Number</b>	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>W. ROBERT COTHAM VICE PRESIDENT</b>	Date <b>2/3/05</b>	817-390-8400 Daytime Phone #
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