

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015272 AF

**DOCUMENT # A95000000514**

1. Entity Name

WOW NATIONAL ASSOCIATES, LTD.

**FILED**

01 MAR 15 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	Mailing Address 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231
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2. Principal Place of Business 1800 Valley View	3. Mailing Address 1800 Valley View
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Dallas, TX	City & State Dallas, TX
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4. FEI Number 75-2631702	Applied For Not Applicable
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Zip 75234	Country Dallas	Zip 75234	Country Dallas	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date. \$10.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F97000001834	NAME CONTINENTAL WOW, INC.	STREET ADDRESS 1800 Valley View	
STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600	CITY-ST-ZIP DALLAS TX 75231	CITY-ST-ZIP Dallas, TX 75234	
DOCUMENT #	NAME	STREET ADDRESS 300003888223--6	
STREET ADDRESS	CITY-ST-ZIP	-03/20/01--01057--009	
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CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Robert A. Waldman, Secretary

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Continental Wow, Inc.

Date

3/1/01

Daytime Phone #

469-522-4200

CR2E003 (11/00)