
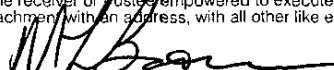


FILED
Feb 20, 2004 8:00 am
Secretary of State

54008817

DOCUMENT # F00000003828		02-20-2004 90001 034 ***150.00	
1. Entity Name SEBRING CAPITAL SOURCING CORPORATION			
Principal Place of Business 4000 INTERNATIONAL PARKWAY STE 3000 CARROLLTON, TX 75007		Mailing Address 4000 INTERNATIONAL PARKWAY STE 3000 CARROLLTON, TX 75007	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME WELCH, LANCE P STREET ADDRESS 4000 INTERNATIONAL PARKWAY, SUITE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input checked="" type="checkbox"/> Delete NAME DUTKA, SUZANNE STREET ADDRESS 4000 INTERNATIONAL PARKWAY, SUITE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Delete NAME BROWN, MICHAEL L STREET ADDRESS 4000 INTERNATIONAL PARKWAY, SUITE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete NAME MEISSNER, NEAL R STREET ADDRESS 4000 INTERNATIONAL PARKWAY, SUITE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE C <input type="checkbox"/> Delete NAME BRYAN, A. BRANT STREET ADDRESS 4000 INTERNATIONAL PARKWAY, SUITE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> Delete NAME MEISSNER, NEAL R STREET ADDRESS 4000 INTERNATIONAL PKWY STE 3000 CITY-ST-ZIP CARROLLTON, TX 75007		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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Michael L. Brown Secretary 2/16/04 972-862-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			