

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005321

1. Entity Name
VIVELO, INC.



FILED

05 MAY 13 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2000 WEST LOOP SOUTH
HOUSTON, TX 77027

Mailing Address
2000 WEST LOOP SOUTH
HOUSTON, TX 77027



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3435439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Proprietary Member
NAME ~~ROUX, ROBERTA~~ Brian Arrington
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON, TX 77027

TITLE ~~CEO~~
NAME ~~BECKER, BRIAN~~
STREET ADDRESS ~~2000 WEST LOOP SOUTH~~
CITY-ST-ZIP ~~HOUSTON, TX 77027~~

TITLE ~~VCCS~~
NAME ~~HEAD, DALE A~~
STREET ADDRESS ~~2000 WEST LOOP SOUTH~~
CITY-ST-ZIP ~~HOUSTON, TX 77027~~

TITLE CFO
NAME LOPEZ, RAUL
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON, TX 77027

TITLE D
NAME ~~MAYS, L. LOWRY~~ Kathy Willard
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON, TX 77027

TITLE D
NAME ~~MAYS, MARK P~~ Brian Arrington
STREET ADDRESS 2000 WEST LOOP SOUTH
CITY-ST-ZIP HOUSTON, TX 77027

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Arrington

5/6/05

Date

713-693-8207

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 369025 4375356

AUTHORIZATION :

Patricia Pizik

COST LIMIT : \$ 550.00

ORDER DATE : May 12, 2005

ORDER TIME : 9:39 AM

ORDER NO. : 369025-005

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lyng
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

ANNUAL REPORT FILING

NAME: VIVELO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____

RECEIVED
05 MAY 13 AM 10:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA