## 2002 UNIFORM BUSINESS REPORT (UBR) F01000001910 **DOCUMENT #** 1. Entity Name @SECURITY BROADBAND GP, INC. Principal Place of Business Mailing Address



600 CONGRESS AVE., SUITE 200 AUSTIN TX 78701		600 CONGRESS AVE., SI AUSTIN TX 78701	600 CONGRESS AVE SUITE 200 AUSTIN TX 78701		1 1881:188 () () 881(E) (1861) <b>28</b> 1() 487() <b>1</b> 80	1 <b>88</b> 111 <b>8818</b> 1 :1818 1818	1 31211 XO16 102)
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		FEI Number <b>74-2982832</b>	74-2982832 Applied For Not Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curr	ent Registered Agent		7. 1	Name and Address of New Registe	· · · · · · · · · · · · · · · · · · ·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)			
PLANTAII	IUN PL 33324		City			FL Zip Cod	e
Tax filing	Signature, typed or printed name of registered a pration is eligible to satisfy its Intangrequirement and elects to do so. ria on back)	gible FILE NOW!	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution.		0 May Be
11.		Make Check Payat	ole to Department of		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BASS, HARRIS 600 CONGRESS AVE., SUITE AUSTIN TX 78701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		BITION OF THE PARTY OF THE PARTY	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIR	CD GLASGOW, WILLIAM 600 CONGRESS AVE., SUITE AUSTIN TX 78701		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition

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 frustee 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 withyan address, with all other like empowered.

**SIGNATURE:** 

CR2E034 (9/01)