

FILED
Apr 19, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # F01000002969 1. Entity Name SUNSHORE, INC. | |  | |
| Principal Place of Business 28287 ROUTH ST., SUITE 500 DALLAS, TX 75201 US | | Mailing Address 3767 FOREST LANE 224 LB 445 DALLAS, TX 75244-7100 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01082004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 75-2696937 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 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 | | DO NOT WRITE IN THIS SPACE 0000000119311 04/19/04-80093-021 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COZEAN, ROBERT T 3767 FOREST LANE STE 124 LB 445 DALLAS, TX 752447100 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST KUEKER, BRIAN A 3767 FOREST LANE STE 124 LB 445 DALLAS, TX 752447100 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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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)(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. | | | |
| SIGNATURE:  | | 4-14-04 214/220 0205 | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |