2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am Secretary of State DOCUMENT # F01000003794 1. Entity Name MENDENHALL SMITH, INC., A PROFESSIONAL CORPORATI 02-28-2002 90001 036 ***150.00 ON Principal Place of Business Mailing Address 3571 RED ROCK STREET. SUITE A 3571 RED ROCK STREET, SUITE A LAS VEGAS NV 89103 LAS VEGAS NV 89103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - - -City & State City & State 4. FEI Number 86-0272320 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMS, G. LARRY ESQ. Street Address (P.O. Box Number is Not Acceptable) **501 NORTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDT ☐ Delete TITLE [] Change ☐ Addition NAME MENDENHALL, GREGG N STREET ADDRESS STREET ADDRESS 5131 ORCHARD SPRING COURT CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89118 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DVS NAME NAME SMITH, J. FRASER STREET ADDRESS STREET ADDRESS 2020 ALBERTI COURT CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89117 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

702-367-6725

FILED

Daytime Phone #

CR2E034 (9/01)