2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90857 001 ***783.75

DOCUMENT # F01000004306

1. Entity Name
MEGO FINANCIAL CORP.

Principal Place of Business	Mailing Address
4310 PARADISE RD LAS VEGAS NV 89109	4310 PARADISE RD LAS VEGAS NV 89109

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1645 Village Center Circle	1645 Village Center Circle
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc. # 200
City & State Las Vegas, NV	City & State Las Vegas, NV
Zip 89134 Country U.S.A	Zip 89074 Country U.S.A

4. FEI Number 13-5629885 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEPHART, FLOYD W 4310 PARADISE RD LAS VEGAS NV	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / CHIEF EXE OFF. KEPHART, FLOYD W. 1645 VILLAGE CENTER CIRCLE # 200 LAS VEGAS, NV 89134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MCMURTRIE, GREGG A 4310 PARADISE RD LAS VEGAS NV	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / COO / DIRECTOR MICHAEL H. GLICO 1645 VILLAGE CENTER CIRCLE # 200 LAS VEGAS, NV 89134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT SULLIVAN, CAROL W 4310 PARADISE RD LAS VEGAS NV	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / TREASURER SHARI L. SPENCER 1645 VILLAGE CENTER CIRCLE #200 LAS VEGAS, NV 89134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS JOSEPH, JON A 4310 PARADISE RD LAS VEGAS NV	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR VP / SECRETARY KEVIN J. BLAIR 1645 VILLAGE CENTER CIRCLE # 200 LAS VEGAS, NV 89134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP DECKER, MICHELLE 4310 PARADISE RD LAS VEGAS NV	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Kevin J Blair Sec'y 03/26/03 702-992-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #