## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURS

SIGNAYUR SIGNATURED 1
SIGNATURE AND TYPED OR PRIME WARE OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business  833 FM 34 EAST TILES TX 7570 US  2. Principal Place of Business  Stor FM 34 EAST TILES TX 7570 US  2. Principal Place of Business  4. Principal Place of Business  5. Name and Address of Courtery  5. Suite, April # 600.  Courtery  5. Response for TYLLER, TX  COUNTY  5. Country  6. Reme and Address of Courtery Registered Agent  7. Name and Address of Name Registered Agen	DOCU 1. Entity Nam	MENT# F	BUSINESS REPO 92000000553	ORT (UBR)	FILED Feb 05, 2002 8:00 an Secretary of State 02-05-2002 90125 013 ***150.00	1 2
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THEN TAYROS  US  1. Movimy Address 4710 KINSKY DR.  Suite, Apt. F. etc.  Cry & State  Cry & Stat	·		· ·			
US  2. Principal Place of Studiness  3. Mayima Address  4.710 KINSIXY DR.  Suite. Apt. 8 etc.  City 6. State  C						
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Zip  Country 75703  C	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
E. Name and Address of Current Registered Agent  C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FI, 33324  City  FL  Zep Code  Street Address (P.C. Box Number is Not Acceptable)  City  FL  Zep Code  City  FL  Zep Code  City  FL  Zep Code  Street Address (P.C. Box Number is Not Acceptable)  File Indicate the purpose of charging its registered agent, or both, in the State of Florids.  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  SIGNATURE  Signate, Speek or prints name of registered agent, or both, in the State of Florids  Signate, Speek or prints name of registered agent, or both, in the State of Florids  Signate, Speek or prints name of registered agent, or both, in the State of Florids  Signate, Speek or prints name of registered agent, or both, in the State of Florids  Signate, Speek or prints name of registered agent, or both, in the State of Florids  Signate, Speek or prints name of registered or prints name of registered or prints name or prints name of registered or prints name or prints name or p	City & State			<del></del>		7
C T CORPORATION SYSTEM   Characteristic   Corporation			<del></del>	<del></del>		able
Name	Ζip	Country				
Sitest Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address	of Current Registered Agent		7. Name and Address of New Registered Agent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL. 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered either or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or practice name of registered agent	0.7.005	DAM + *** AVAYEL	· ~ .	Name		
PLANTATION FL 33324    City   FL   Z/p Code				Street Addres	ss (P.O. Box Number is Not Acceptable)	
Signature Ligand or primed rainer of impotential sport and size if septimized control agent, or both, in the State of Florida.  Signature Ligand or primed rainer of impotential sport and size if septimized in applicable.  (In Cit Engelsteed Agent signature requires with restricting)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002			U	<del></del>		
Signature.  Signature typed or protect named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature, typed or protect name of registered agent and till of applicable.  Signature typed or protect name of registered agent and till of applicable.  Signature typed or protect name of registered agent and till of applicable.  Signature typed or protect name of registered agent and till of applicable.  Signature typed or protect name of registered agent and till of applicable.  Signature typed or protect name of registered agent and till of applicable.  Signature typed or protect name and elects to do so.  After May 1, 2002. Fee will be Signature typed or protect and typed and till or protect name of the complete or till name of the complete or till not only the protect of till not opposed or this report or suppliers or till not only the protect or till not onl	1 54(1)(1)	12000		City	<b>□</b> Zip Code	
SIGNATURE    Signature, typed or protect name of registered agent and size of apptracks.   (POTE Registered Agent riginature required when removaling)   DATE	O The shows					
9. This corporation is eligible to satisfy its intangible Atter May 1, 2002. Fee will be \$55,0.0 May Be Added to Fees 11.1	8. The above	named entity submits this	statement for the purpose of changing if	is registered office of regis	stered agent, or both, in the State of Florida.	
9. This corporation is eligible to satisfy its intangible Atter May 1, 2002. Fee will be \$55,0.0 May Be Added to Fees 11.1	SIGNATURE					
After May 1, 2002 Fee will be \$550.00    Make Check Payable to Department of State   S		Signature, typed or printed name of	registered agent and title if applicable. (NC	TE: Registered Agent signature requ	uired when reinstating) DATE	
Make Check Payable to Department of State			g		10. Election Campaign Financing \$5.00 May 6	Se .
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PRESIDENT PIERRE DE WET

01/18/02

903-581-3883

Daytime Phone #