2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # F9300001557 FLORIDA GADZOOKS, INC. 01-26-2000 90100 026 ***150.00 Principal Place of Business Mailing Address 4121 INTERNATIONAL PARKWAY 4121 INTERNATIONAL PARKWAY CARROLLTON TX 75007 CARROLLTON TX 75007-1907 907425 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 74-2261048 Not Action Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) (#) ... 11: 11: Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE NAME SZCZEPANSKI, GERALD R STREET ADDRESS STREET ADDRESS 4121 INTERNATIONAL PARKWAY CITY-ST-ZIP CITY-ST-ZIP CARROLLTON TX 25007 Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME TITUS, LAWRENCE H III STREET ADDRESS STREET ADDRESS 4121 INTERNATIONAL PARKWAY CITY-ST-ZIP CITY-ST-ZIP CARROLLTON TX 75007 TITLE VCF₀ TITLE NAME NAME STANDIFER, MONTY R STREET ADDRESS 4121 INTERANTIONAL PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CARROLLTON TX 75007** TITLE T Change Addition TITLE Delete NAME NAME ROBERT NOURSE STREET ADDRESS STREET ADDRESS 550 BAILEY #700 City-ST-ZIP CITY-ST-ZIP FT. WORTH TX ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MACHENS, G M STREET ADDRESS STREET ADDRESS C/O 153 E. 53RD STREET, 23RD FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAM