2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F93000004657 Mar 10, 2000 8:00 am 1. Entity Name Secretary of State TVO SEMORAN, INC. 03-10-2000 90026 004 ***150.00 Mailing Address Principal Place of Business 6090 SURETY DR 2250 N SERMORAN BLVD STE 102 SUITE 600 EL PASO TX 79905-2060 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State **74-2684342**× 74-2680058 Not Applicable 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 ABRAMS, LEHN E Street Address (P.O. Box Number is Not Acceptable) **801 N. MAGNOLIA AVENUE** SUITE 201 ORLANDO FL 32803-3842 Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ■ Addition TITLE VANDENBURG, DAVID L NAME STREET ADDRESS 70 EAST LAKE STREET STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Delete ☐ Change ☐ Addition VST TITLE TITLE **BOGAS, DAVID** NAME NAME STREET ADDRESS STREET ADDRESS 70 EAST LAKE STREET STE 600 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS West Street CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with a address, with another like empowered.

3-3-*00*

Daytime Phone #