

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90107 012 ***150.00

DOCUMENT # F95000000661

1. Entity Name

MUSCO SPORTS LIGHTING, INC.

Principal Place of Business

2107 STEWART ROAD
 MUSCATINE IA 52761

Mailing Address

2107 STEWART ROAD
 MUSCATINE IA 52761-5934

2. Principal Place of Business

3. Mailing Address
 100 1st Avenue West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Oskaloosa, IA

4. FEI Number

42-1320717

Applied For

Not Applicable

Zip

Country

Zip

52577

Country

Mahaska

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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CROOKHAM, JOE P | |
| STREET ADDRESS | 100 1ST AVE., WEST BOX 808 | |
| CITY-ST-ZIP | OSKALOOSA IA | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CROOKHAM-JOHNSON, DIANE | |
| STREET ADDRESS | 100 1ST AVE W BOX 808 | |
| CITY-ST-ZIP | OSKALOOSA IA 52577 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HYLAND, CHRISTOPHER | |
| STREET ADDRESS | 100 1ST AVENUE WEST | |
| CITY-ST-ZIP | OSKALOOSA IA | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | GORDIN, MYRON K | |
| STREET ADDRESS | 100 1ST AVE., WEST BOX 808 | |
| CITY-ST-ZIP | OSKALOOSA IA | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HANSEN, JAMES M | |
| STREET ADDRESS | 100 1ST AVE., WEST BOX 808 | |
| CITY-ST-ZIP | OSKALOOSA IA | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FERREIRA, LUANN | |
| STREET ADDRESS | 2107 STEWART ROAD | |
| CITY-ST-ZIP | MUSCATINE IA | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 an address, with all other like empowered.

SIGNATURE: *James M. Hansen* James M. Hansen, Secretary 4/25/00 515 673-0411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. | 05/04/2000