

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90857 001 \*\*\*783.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

| <b>DOCUMENT # F96000003174</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                               |                                                                                  |                                                         |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Entity Name<br>RVS MARKETING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br>4310 PARADISE RD.<br>LAS VEGAS NV 89109-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                               | Mailing Address<br>4310 PARADISE RD.<br>LAS VEGAS NV 89109-0                     |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br>1645 VILLAGE CENTER CIRCLE #200<br>Suite, Apt. #, etc.<br># 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                               | 3. Mailing Address<br>1645 VILLAGE CENTER CIRCLE<br>Suite, Apt. #, etc.<br># 200 |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br>LAS VEGAS, NV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | City & State<br>LAS VEGAS, NV |                                                                                  | 4. FEI Number<br>88-0362127                                                                                                              |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip<br>89134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Country<br>U.S.A.             |                                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                 |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                               |                                                                                  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title of applicant (NOTE: The registered agent signature is required when completing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> </tr> <tr> <td></td> <td>DP</td> <td>MC MURTRIE, GREGG A</td> <td></td> <td>DP</td> <td>GREGG MC MURTRIE</td> </tr> <tr> <td></td> <td></td> <td>4310 PARADISE RD</td> <td></td> <td></td> <td>1645 VILLAGE CENTER CIRCLE #200</td> </tr> <tr> <td></td> <td></td> <td>LAS VEGAS NV 89109</td> <td></td> <td></td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VPT</td> <td>SULLIVAN, CAROL W</td> <td></td> <td>VPT</td> <td>DAVID L. MYERS</td> </tr> <tr> <td></td> <td></td> <td>4310 PARADISE RD</td> <td></td> <td></td> <td>1645 VILLAGE CENTER CIRCLE #200</td> </tr> <tr> <td></td> <td></td> <td>LAS VEGAS NV 89109</td> <td></td> <td></td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VP</td> <td>COHEN, LAWRENCE J</td> <td></td> <td>VP</td> <td>LAWRENCE J. COHEN</td> </tr> <tr> <td></td> <td></td> <td>4310 PARADISE RD</td> <td></td> <td></td> <td>1645 VILLAGE CENTER CIRCLE #200</td> </tr> <tr> <td></td> <td></td> <td>LAS VEGAS NV 89109</td> <td></td> <td></td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>AVP</td> <td>POST, JOHN</td> <td></td> <td>D</td> <td>MICHAEL H. GREGG</td> </tr> <tr> <td></td> <td></td> <td>4310 PARADISE RD</td> <td></td> <td></td> <td>1645 VILLAGE CENTER CIRCLE #200</td> </tr> <tr> <td></td> <td></td> <td>LAS VEGAS NV 89109</td> <td></td> <td></td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S</td> <td>JOSEPH, JON A.</td> <td></td> <td>S</td> <td>KEVIN J. BLAIR</td> </tr> <tr> <td></td> <td></td> <td>4310 PARADISE RD</td> <td></td> <td></td> <td>1645 VILLAGE CENTER CIRCLE #200</td> </tr> <tr> <td></td> <td></td> <td>LAS VEGAS NV 89109</td> <td></td> <td></td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |      |                               |                                                                                  |                                                                                                                                          |                                 | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | STREET ADDRESS | TITLE | NAME | STREET ADDRESS |  | DP | MC MURTRIE, GREGG A |  | DP | GREGG MC MURTRIE |  |  | 4310 PARADISE RD |  |  | 1645 VILLAGE CENTER CIRCLE #200 |  |  | LAS VEGAS NV 89109 |  |  | LAS VEGAS, NV 89134 |  |  |  |  |  |  |  | VPT | SULLIVAN, CAROL W |  | VPT | DAVID L. MYERS |  |  | 4310 PARADISE RD |  |  | 1645 VILLAGE CENTER CIRCLE #200 |  |  | LAS VEGAS NV 89109 |  |  | LAS VEGAS, NV 89134 |  |  |  |  |  |  |  | VP | COHEN, LAWRENCE J |  | VP | LAWRENCE J. COHEN |  |  | 4310 PARADISE RD |  |  | 1645 VILLAGE CENTER CIRCLE #200 |  |  | LAS VEGAS NV 89109 |  |  | LAS VEGAS, NV 89134 |  |  |  |  |  |  |  | AVP | POST, JOHN |  | D | MICHAEL H. GREGG |  |  | 4310 PARADISE RD |  |  | 1645 VILLAGE CENTER CIRCLE #200 |  |  | LAS VEGAS NV 89109 |  |  | LAS VEGAS, NV 89134 |  |  |  |  |  |  |  | S | JOSEPH, JON A. |  | S | KEVIN J. BLAIR |  |  | 4310 PARADISE RD |  |  | 1645 VILLAGE CENTER CIRCLE #200 |  |  | LAS VEGAS NV 89109 |  |  | LAS VEGAS, NV 89134 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                | TITLE                                                                            | NAME                                                                                                                                     | STREET ADDRESS                  |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DP   | MC MURTRIE, GREGG A           |                                                                                  | DP                                                                                                                                       | GREGG MC MURTRIE                |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 4310 PARADISE RD              |                                                                                  |                                                                                                                                          | 1645 VILLAGE CENTER CIRCLE #200 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | LAS VEGAS NV 89109            |                                                                                  |                                                                                                                                          | LAS VEGAS, NV 89134             |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 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: <u>Gregg McMurtrie</u> / <u>Gregg McMurtrie</u> 3/28/03 702-992-4200<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                               |                                                                                  |                                                                                                                                          |                                 |                            |  |  |                                                       |  |  |       |      |                |       |      |                |  |    |                     |  |    |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |                   |  |     |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |    |                   |  |    |                   |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |     |            |  |   |                  |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |   |                |  |   |                |  |  |                  |  |  |                                 |  |  |                    |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |

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