

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90778 015 ***150.00

DOCUMENT # F96000003213

1. Entity Name

NEW INTRACOASTAL C CORP.

Principal Place of Business

**600 E. LAS COLINAS BLVD.
SUITE 400
IRVING TX 75039**

Mailing Address

**600 E. LAS COLINAS BLVD.
SUITE 400
IRVING TX 75039**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2657439

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
NAME **EDELMAN, MARTIN L**
STREET ADDRESS **75 E. 55TH STREET**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **D** ☐ Delete
NAME **KATZ, RICHARD**
STREET ADDRESS **75 E. 55TH STREET**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **D** ☐ Delete
NAME **NELSEN, MICHAEL**
STREET ADDRESS **888 SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10106**TITLE **D** ☐ Delete
NAME **ROTHENBERG, STUART M**
STREET ADDRESS **85 BROAD STREET**
CITY-ST-ZIP **NEW YORK NY 10004**TITLE **D** ☐ Delete
NAME **WILLIAMS, TODD A**
STREET ADDRESS **100 CRESCENT CT., STE. 1000**
CITY-ST-ZIP **DALLAS TX 75201**TITLE **VSAT** ☐ Delete
NAME **BARGER, RON K**
STREET ADDRESS **600 E. LAS COLINAS BLVD., STE. 400**
CITY-ST-ZIP **IRVING TX 75039**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **G DOUGLAS GUNN**
STREET ADDRESS **100 CRESCENT COURT, SUITE 1000**
CITY-ST-ZIP **DALLAS, TX 75201**TITLE ☐ Change ☐ Addition
NAME ****SEE ADDENDUM ATTACHED HERETO**
STREET ADDRESS **AND INCORPORATED HEREIN****
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

RON K BARGER RE Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

Daytime Phone #

CR2E034 (9/01)