05-03-2001 90076 045 ***150.00

DOCUMENT # F9700000250

1. Entity Name

MOUNTAIN VIEW NATIONAL, INC.

Principal Place of Business

Mailing Address

280 PARK AVE EAST BLDG 20TH FLOOR NEW YORK NY 10017		280 PARK AVE., EAST BLDG., 20TH FLOOR NEW YORK NY 10017						
11211 101111 111		101011111111111111111111111111111111111						
						I 11 111 11 111		
2. Principal F	Broadway	rticello						
23 rd Floor Suite, Apr. #, etc. 20			00		DO NOT WRI	TE IN THIS SF	PACE	
New Star	York, NY	City & State DallaS	Ty	4.	FEI Number 13-390861	13		plied For of Applicable
Zip. 00	19 COUNTYSA	75205	CUSA	5. (Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New F	Registered Ag	jent	
			Name					
C T CORPORATION SYSTEM			Stroot /	Ctrost Address (D.O. Bay Number in Not Assessable)				
1200 SOUTH PINE ISLAND ROAD			Sireer	Street Address (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33324					<u></u>		
			City			FL	Zip Code	e .
8 The above	named entity submits this statement for	the nurnose of changing its	registered office o	v registered an	ent or both in the State of Flo	orida	1	
0. 1110 above	Trained Criticy Sabrinta and State Hericitor	the purpose of onlinging to	registered office c	n registered ag	citi, or both, in the state of the	origa.		}
OLONIATURE						•		
SIGNATURE								,
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT)	: Registered Agent signa	ture required when re	einstating)	DATE		
O This -					einstating)	DATE		
•	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150	.00	10. Election Campaign Fir	nancing _		0 May Be
Tax filing		FILE NOW	!!! FEE IS \$150 01 Fee will be \$.00 550.00		nancing _		0 May Be to Fees
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Kuthyn Manafiel

STREET ADDRESS

CITY-ST-ZIP

KATHRYN MANSFIELD

4-9-01 214.599.22

Daytime Phone #

CR2E034 (10/00)