


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000724	
1. Entity Name TRANSMISSION HOLDINGS, INC.	

Principal Place of Business 1111 W. MOCKINGBIRD, STE. 1000 DALLAS, TX 75247	Mailing Address 1111 W. MOCKINGBIRD, STE. 1000 DALLAS, TX 75247
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2700188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDGE, RODDY DR. 1111 W. MOCKINGBIRD LN. - 10TH FLOOR DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCO CURTIN, DAVID J 1111 W. MOCKINGBIRD LN. - 10TH FLOOR DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS GRISSOM, CAROL A 1111 W. MOCKINGBIRD LN. - 10TH FLOOR DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MILACEK, CRAIG 1111 W. MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUMLEVE, JAMES C 1111 W. MOCKINGBIRD LANE, 10TH FLOOR DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carol A. Grissom Carol A. Grissom 1/27/05 214-634-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #