## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2003 8:00 am **Secretary of State** DOCUMENT # F97000001170 01-24-2003 90097 038 \*\*\*\*61.25 SOHO AMERICA, INC. Principal Place of Business Mailing Address 2121 PRECINCT LINE RD 2121 PRECINCT LINE RD HURST TX 76054 HURST TX 76054 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEi Number 41-1812865 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Change CR2E037 (10/02) TITLE ☐ Delete TITLE ☐ Addition JENSEN, JEFFREY NAME NAME 6500 N. Belt Line Rd. STREET ADDRESS STREET ADDRESS 2121 PRECINT LINE RD CITY-ST-ZIP CITY-ST-ZIP HURST TX 76054 TITLE Delete TITLE ☐ Change ☐ Addition NAME DE LA TORRE, AMANDA NAME STREET ADDRESS STREET ADDRESS 4428 PERSHING CITY-ST-ZIP CITY-ST-ZIP FT WORTH TX 76107 TITLE ☐ Delete TITLE . ☐ Change ☐ Addition NAME NAME GAMBLE, PHIL STREET ADDRESS 10718 SENTINEL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78217 TITLE ☐ Delete TITLE ☐ Change Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP