

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90097 038 ****61.25

DOCUMENT # F97000001170

1. Entity Name

SOHO AMERICA, INC.



Principal Place of Business

**2121 PRECINCT LINE RD
HURST TX 76054**

Mailing Address

**2121 PRECINCT LINE RD
HURST TX 76054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1812865**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **JENSEN, JEFFREY**
STREET ADDRESS **2121 PRECINCT LINE RD**
CITY-ST-ZIP **HURST TX 76054**

TITLE Change Addition
NAME
STREET ADDRESS **6500 N. Belt Line Rd.**
CITY-ST-ZIP **Irrving TX 75063**

TITLE **DST** Delete
NAME **DE LA TORRE, AMANDA**
STREET ADDRESS **4428 PERSHING**
CITY-ST-ZIP **FT WORTH TX 76107**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GAMBLE, PHIL**
STREET ADDRESS **10718 SENTINEL DR**
CITY-ST-ZIP **SAN ANTONIO TX 78217**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Asst. Sec. Ralph Wolfe**
STREET ADDRESS **2121 Precinct Line Rd.**
CITY-ST-ZIP **Hurst TX 76054**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIC [REDACTED] REQUIRED Ralph Wolfe 1/8/03 817.428.4200

CR2E037 (10/02)