FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State **DOCUMENT #** F97000001834 1. Entity Name 04-24-2002 90381 019 ***150.00 CONTINENTAL WOW, INC. Principal Place of Business Mailing Address 1800 VALLEY VIEW 1800 VALLEY VIEW DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2700094 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 City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition CR2E034 (9/01) NAME BLAHA, KARL L NAME Ronald E Kimbrough STREET ADDRESS 1800 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WALDMAN, ROBERT A NAME STREET ADDRESS 1800 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ENDENDYK, BRUCE A NAME STREET ADDRESS 1800 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME BARTON, D. BRIAN NAME STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 STREET ADDRESS CITY-ST-ZIP **DALLAS TX 75231** CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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

SIGNATURE:

REQNOD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR