2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90227 007 ***150.00 DOCUMENT # F9700001834 CONTINENTAL WOW, INC. Principal Place of Business Mailing Address 20043494 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. 01102005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 75-2700094 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 Street Address (P.O. Box Number is Not Acceptable) 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. 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DS TITLE ☐ Change ☐ Addition Delete TITLE CORNA, LOUIS J NAME NAME STREET ADDRESS 1800 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-S1-ZIP TITLE DT Director + Treasurer TITLE ☑ Change Addition Delete KIMBROUGH, RONALD E SCOH T. LEWIS. NAME NAME STREET ADDRESS 1800 VALLEY VIEW LANE 1800 Valley VIEW Dellas, TX 75254 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP Assistant Secretary TITLE ☐ Delete Addition TITLE Change sara D. Erederick NAME NAME STREET ADDRESS STREET ADDRESS 1800 Valley View CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete DUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SARA Frederick Asst. Secretary, 4-7-05, 469-522-4368

NAME

STREET ADDRESS