FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State **DOCUMENT #** F97000003134 1. Entity Name CONTINENTAL HERITAGE FL CORPORATION 04-24-2002 90381 016 ***150.00 Principal Place of Business Mailing Address 1800 VALLEY VIEW LANE 1800 VALLEY VIEW LANE SUITE 300 SUITE 300 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 75-2711501 Not Applicable Zip Country 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 Name 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Addition NAME Ronald E. Kimbrough BLAHA, KARL L NAME STREET ADDRESS 1800 VALLEY VIEW LANE SUITE 300 STREET ADDRESS 1800 valley View CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP Dallas, Tx TITLE ☐ Delete SD TITLE ☐ Addition NAME WALDMAN, ROBERT A NAME STREET ADDRESS 1800 VALLEY VIEW LANE SUITE 300 STREET ADDRESS CITY-ST-7IP DALLAS TX 75234 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME RAUNER, CAROLYN NAME STREET ADDRESS 1800 VALLEY VIEW LANE SUITE 300 STREET ADDRESS CITY-ST-7IP DALLAS TX 75234 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address