

05-29-2002 93593 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000001006**
 1. Entity Name
THE EYEPA, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14800 LANDMARK Suite, Apt. #, etc. SUITE 500 City & State DALLAS, TX Zip 75240 Country USA		3. Mailing Address 14800 LANDMARK Suite, Apt. #, etc. SUITE 500 City & State DALLAS, TX Zip 75240 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1582628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NRAI SERVICES INC
Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE
City TALLAHASSEE FL Zip Code 32301

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 _____ (Date) _____
Signature typed or printed name of registered agent and title (if applicable) (Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P/D	NAME SCHWARTZ, STUART	STREET ADDRESS 14800 LAND MARK, SUITE 500	CITY- ST- ZIP DALLAS, TX 75240
TITLE SIT	NAME PEREIRA, CHANDA	STREET ADDRESS 14800 LANDMARK, SUITE 500	CITY- ST- ZIP DALLAS, TX 75240
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME	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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart Schwartz **STUART SCHWARTZ** (972) 892-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034B (12/01)