

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

017309 AV

DOCUMENT # **F98000006763**



1. Entity Name
BLUE BISON FUNDING CORP.

FILED

03 MAY -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1781 PARK CENTER DR
ORLANDO FL 32835
US**

Mailing Address
**1781 PARK CENTER DR
ORLANDO FL 32835
US**



2. Principal Place of Business
3865 W CHEYENNE AVE

3. Mailing Address
3865 W CHEYENNE AVE

Suite, Apt. #, etc.
NORTH LAS VEGAS, NV

Suite, Apt. #, etc.
NORTH LAS VEGAS, NV

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **94-3314702**

Applied For
Not Applicable

Zip
89032

Country

Zip
89032

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYBURN, GREGORY F 1781 PARK CENTER DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, LAWRENCE E 1781 PARK CENTER DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ANN 1781 PARK CENTER DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUTTE, ERIC P 1781 PARK CENTER DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, DAVID C 1781 PARK CENTER DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXHIBIT A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500018018565 05/05/03--01096--016 **2817.04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/03

Date

(702) 804-8000

Daytime Phone #

CR2E034 (10/02)

EXHIBIT A

Nicholas J. Benson, D

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032

Michael W. Hall, P

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032

Steven E. West, D/VP/S

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032

James F. Anderson, VP

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032

Andrew Gennuso, VP

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032

Sheila G. Shortland, AT

3865 W. Cheyenne Avenue
North Las Vegas, NV 89032