2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am & Secretary of State DOCUMENT # F98000007104 1. Entity Name ONE BRAVO, INC. 03-07-2002 90031 048 ***158.75 Principal Place of Business Mailing Address 17103 PRESTON ROAD, STE 230 17103 PRESTON ROAD. STE 230 DALLAS TX 75248 LOCK BOX 117 DALLAS TX 75248 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 75-1842660 ulas Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 11517 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME FOOSHEE, JOHN M 18383 Preston Road, Suite 410 STREET ADDRESS STREET ADDRESS 17103 PRESTON RD., STE 230 CITY-ST-ZIP CITY-ST-ZIP Dailes, TR 195252 DALLAS TX Change Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME SHORT. DON C 18383 Preston Road, Suite 410 STREET ADDRESS STREET ADDRESS 17103 PRESTON RD., STE 230 CITY-ST-ZIP CITY-ST-ZIP Dallas, TX 75252 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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, with all other like empowered.

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