2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001380

1. Entity Name

BUDGET PHONE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90143 019 ***150.00

Principal Place of Business	Mailing Address
910 PIERREMONT RD., STE 348 SHREVEPORT LA 71106	910 PIERREMONT RD., STE 348 SHREVEPORT LA 71149-0360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6901 W 70th St	P.O. Box 19360
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Shreveport, LA	City & State: Shreveport
Zip: 71149 Country: USA	Zip: 71149 Country: USA

4. FEI Number 72-1335380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	☐ Delete
NAME	HYDE JR, R D	
STREET ADDRESS	910 PIERREMONT RD,. STE 348	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	VSTD	☐ Delete
NAME	HYDE III, R D	
STREET ADDRESS	910 PIERREMONT RD,. STE 348	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	6901 W 70th ST	
CITY-ST-ZIP	Shreveport, LA 71149	
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	6901 W 70th ST	
CITY-ST-ZIP	Shreveport, LA 71149	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [illegible] 4/29/00 318 671-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #