

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99 000002592

1. Entity Name

Interactive Software of Texas, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

14114 Dallas Parkway Suite 575

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dallas TX

City & State

Zip 75240

Country

Zip

Country

4. FEI Number

25-2404816

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Florida Incorporators, Inc.
1221 Brickell Ave Ste 900
Miami, FL 33131

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	DCP	<input type="checkbox"/> Delete
NAME	Wynn, Richey	
STREET ADDRESS	14114 Dallas Pkwy Ste 575	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Blanch, Kathy	
STREET ADDRESS	14114 Dallas Pkwy Suite 575	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Wynn, Vanessa	
STREET ADDRESS	14114 Dallas Pkwy Ste 575	
CITY-ST-ZIP	Dallas TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Richey Wynn Richey Wynn 5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25234 7/01/00