

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90015 019 ***550.00

C0071882

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000005567

1. Entity Name

ADSHEL, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 E BASSE ROAD

3. Mailing Address

200 E BASSE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

City & State

SAN ANTONIO, TX

4. FEI Number

11-3095071

Applied For

Not Applicable

Zip

Country

Zip

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

Corporation Service Company
 1201 Hays Street
 Tallahassee FL 32301-2525

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

Blenda Antu ASP

6/7/01

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | CEO/DIRECTOR | <input type="checkbox"/> Delete |
| NAME | KARL ELLER | |
| STREET ADDRESS | 2850 E CAMELBACK RD #300 | |
| CITY - ST - ZIP | PHOENIX, AZ 85016 | |
| TITLE | COO/DIRECTOR | <input type="checkbox"/> Delete |
| NAME | PAUL J. MEYER | |
| STREET ADDRESS | 2850 E CAMELBACK RD #300 | |
| CITY - ST - ZIP | PHOENIX, AZ 85016 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | L. LOWRY MAYS | |
| STREET ADDRESS | 200 E BASSE ROAD | |
| CITY - ST - ZIP | SAN ANTONIO, TX 78209 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | MARK P. MAYS | |
| STREET ADDRESS | 200 E BASSE ROAD | |
| CITY - ST - ZIP | SAN ANTONIO, TX 78209 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | RANDALL T. MAYS | |
| STREET ADDRESS | 200 E BASSE ROAD | |
| CITY - ST - ZIP | SAN ANTONIO, TX 78209 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | DOUGLAS WATTS | |
| STREET ADDRESS | 780 THIRD AVENUE, 3RD FLOOR | |
| CITY - ST - ZIP | NEW YORK, NY 10017 | |

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 |
| NAME | |
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| 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 |
| 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

Stani Colas VICE PRESIDENT

05/11/01 210-822-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #