FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90149 006 ***550.00

DOCUMENT # F99000006582

1. Entity Name

AK Florida Outdoor, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 East Basse Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Antonio TX	City & State
Zip: 78209 Country: Bexar	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 91 1993656 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Mark P. Mays
STREET ADDRESS	200 East Basse Road
CITY-ST-ZIP	San Antonio TX 78209
TITLE	Vice President
NAME	Randall T. Mays
STREET ADDRESS	200 East Basse Road
CITY-ST-ZIP	San Antonio TX 78209
TITLE	Secretary
NAME	Kenneth E. Wyker
STREET ADDRESS	200 East Basse Road
CITY-ST-ZIP	San Antonio TX 78209
TITLE	Treasurer
NAME	Brian Coleman
STREET ADDRESS	200 East Basse Road
CITY-ST-ZIP	San Antonio TX 78209
TITLE	
NAME	
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CR2E034B (12/02)

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

SIGNATURE [signature] STEPHANIE ROSALES 6/11/03 (210) 832-3347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #