

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055960

FILED
Apr 20, 2009
Secretary of State

Entity Name: OMNI EQUITIES CORPORATION

Current Principal Place of Business:

21 WEST LAS OLAS BLVD.
SUITE 13
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

ATTN: KATHRYN MANSFIELD
3100 MONTICELLO AVE., SUITE 200
DALLAS, TX 75205

New Mailing Address:

FEI Number: 72-1520410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: FRIEDMAN, WILLIAM S
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: EVPT (X) Delete
Name: MINOR, TODD C
Address: 3100 MONTICELLO AVE., STE 200
City-St-Zip: DALLAS, TX 75205

Title: EVP () Delete
Name: KAMMERMAN, MARCY H
Address: 21 WEST LAS OLAS BLVD., STE 13
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D,VP () Delete
Name: RUBENSTEIN, CHARLES D
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: SEC () Delete
Name: MANSFIELD, KATHRYN
Address: 3100 MONTICELLO AVE, SUITE 200
City-St-Zip: DALLAS, TX 75205

Title: CFO () Delete
Name: FAGERLI, OLAF
Address: 21 WEST LAS OLAS BLVD., STE 13
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN MANSFIELD

SEC

04/20/2009

Electronic Signature of Signing Officer or Director

Date