

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90133 036 ***150.00

DOCUMENT # P05028



1. Entity Name
PARISIAN, INC.

Principal Place of Business
**750 LAKESHORE PKWY
BIRMINGHAM AL 35211**

Mailing Address
**750 LAKESHORE PKWY
BIRMINGHAM AL 35211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0680839**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONNOLD, SCOTT		NAME	
STREET ADDRESS	750 LAKESHORE PKWY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35211		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTHARP, DOUGLAS E		NAME	
STREET ADDRESS	3455 HIGHWAY 80 WEST		STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BRIAN J		NAME	
STREET ADDRESS	12 EAST 49TH STREET		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, JAMES A		NAME	
STREET ADDRESS	3455 HIGHWAY 80 WEST		STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, CHARLES J		NAME	
STREET ADDRESS	750 LAKESHORE PKWY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35211		CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, BRADLEY R		NAME	
STREET ADDRESS	750 LAKESHORE PKWY		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35211		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley R. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-03

205-940-4745

CR2E034 (10/02)