## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07870  1. Entity Name YENAVLUM, INC.					FILED 03 MAY -6 PH 3: 46	
Principal Plac 10575 WESTO HOUSTON TX	FFICE DR.	Mailing Address 10575 WESTOFFICE DR. HOUSTON TX 77042			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES 03	
City & State		City & State			4. FEI Number 76-0160454 Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM				Name		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address	(P.O. Box Number is Not Acceptable)	
FLANIAIN	UN FE 33324	·	·	City	FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.	<b>, ,</b>				
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applieship /NC	TE: Donistorer	d Agent signature require	ed when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	<u>-</u> -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULVANEY, DOUG 10575 WESTOFFICE DR HOUSTON TX 77042	☐ Delete		l l	☐ Change ☐ Addition	
	T COULTER, KATHRYN 10575 WESTOFFICE DR HOUSTON TX 77042	☐ Delete			☐ Change ☐ Addition	
STREET ADDRESS	V MCLELLAN, WILLIAM P 10575 WESTOFFICE DR HOUSTON TX 77042	Delete	- 6		3000183131∮∯ange □ Addition 05/06/0301127017 **158.75	
STREET ADDRESS	VP ROBERTSON, GUY J. SR. 10575 WESTOFFICE DR HOUSTON TX 77042	☐ Delete	•		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	ertify thất the information supplied will	☐ Delete	CITY-	ET ADDRESS ST-ZIP	cction 119.07(3)(i), Florida Statutes. I further certify that the information	

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.

4/36/03

713 - 404 - 6944 Daytime Phone #