

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P17030



## 2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City &amp; State

City &amp; State

4. FEI Number  
73-1275602

Applied For
Not Applicable

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

## 6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES  
1333 NORTH DUVAL ST  
TALLAHASSEE, FL 32302

**7. Name and Address of New Registered Agent**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTHONY, TOM	
STREET ADDRESS	3705 W MEMORIAL	
CITY-ST- ZIP	OKLAHOMA CITY, OK 73134	

TITLE	ST	 Delete
NAME	MCTIERNAN, PATRICK D.	
STREET ADDRESS	3705 W MEMORIAL	
CITY - ST - ZIP	OAKLAHOMA CITY, OK 73134	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, ROBERT	
STREET ADDRESS	3604 N MCKINLEY	
CITY - ST - ZIP	OKLAHOMA CITY, OK 73112	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAKE, STEPHEN	
STREET ADDRESS	241 JAMIE WHITTEN BLVD	
CITY - ST - ZIP	SALTILLO, MS 38866	

TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, STEVE	
STREET ADDRESS	900 CIRCLE 75 PKWY, STE 1600	
CITY-ST-ZIP	ATLANTA, GA 30339	

TITLE		<input type="checkbox"/> Delete
NAME	.	
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	Secretary / Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Nicole Bowen		
STREET ADDRESS	3705 W. Memorial Rd. Ste 801		
CITY - ST - ZIP	OKlahoma City, OK 73134		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE ☐ Change ☐ 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		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #