FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2002 8:00 am **Secretary of State** DOCUMENT # P39682 Entity Name 02-21-2002 90047 001 \*\*\*150.00 MALIBU ENTERTAINMENT WORLDWIDE, INC. Principal Place of Business Mailing Address 717 N HARWOOD 717 N.HARWOOD #1650 STE 1650 DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1949379 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEOP ☐ Delete Addition CR2E034 (9/01 TITLE TITLE Change NAME BECKERT, RICH NAME STREET ADDRESS 717 N HARWOOD STE 1650 STREET ADDRESS CITY-ST-ZIF TALLAS TX 75201 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition **CFO** TITLE NAME NAME WHEELER, SCOTT STREET ADDRESS 717 N HARWOOD STE 1650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 THTLE Delete TITLE ☐ Change ☐ Addition S NAME TERRY, ERIC NAME STREET ADDRESS 717 N HARWOOD STE 1650 STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIF DALLAS TX 75201 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS A THE STATE OF THE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Ecokert Box TITLE NAME NAME STOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.