FILED

166 2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am DOCUMENT # P93000005440 **Secretary of State** 1. Entity Name 02-21-2002 90135 008 ***150 00 BOYNTON BEACH FOOTACTION, INC. Principal Place of Business Mailing Address 801 N. CONGRESS AVENUE 7880 BENT BRANCH DR SPACE 865 **BOYNTON BEACH FL 33425** IRVING TX 75063 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 65-0387036 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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) 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (9/01 TITLE ☐ Delete TITLE NEVILLE, SHAWN R NAME NAME STREET ADORESS 7880 BENT BRANCH DR #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** 1610 Change Delete ☐ Addition TITLE TITLE D. APPLBAUM SITES, TIMOTHY D NAME NAME しをと STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 ☐ Delete VP 55CY ☐ Addition TITLE TITLE NAME NAME WINTON, NANCY L STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-7(P **IRVING TX** ☐ Addition ☐ Delete TITLE TITLE WARREN Z. COLTER NAME NAME RODRIGUEZ: VIKKI-STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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

SIGNATURE:

REQUIFNANCY L WINTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR