2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000023907 **DOCUMENT #**

1. Entity Name

OSCEOLA SQUARE MALL FOOTACTION, INC.

Principal Place of Business			Mailing Address				30011031					
3831 WEST VINE STREET			7839-BENT-BRANCH BRIVE					00011001				
#25			# 100-				Į					
KISSIMMEE FL 34741			JRVING TX 75063									
U\$	Place of Busin	Ace .	US 3. Mailing Address									
2. Principal Place of Business			P.O. BOX 141269									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State					4. FEI Number			I	oplied For
						5014-1269			04-3265444		N	ot Applicable
Zip		Country	Zip フズウ	14-1219	Cour	ntry		5. C	Certificate of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current F						7. N	lame and Address of New F	egistered	Agent	
				Name								
Suite, Apt. #, etc. City & State Zip Country		M, INC.	I, INC.			Street Address (P.O. Box Number is Not Acceptable)						
1201 HAY	S ST, 105					Sileet Add		. О. В	DX Number is Not Acceptable	·)		
TALLAHASSEE FL 32301												
						City				FL	Zip Cod	e
			the purp	ose of changing its	register	ed office or re	egistere	d age	ent, or both, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature typed (or orinted name of registered agent a	nd title if ann	dicable (NOT	E: Registers	ed Agent signature	required v	vhen rei	instation)	DATE		
				[(10 h		- Agent orginatero	- roquiroo v	7.07.101	mindung,	5,42		
Afte	r May 1, 200	3 Fee will be \$550.00	Stata						Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees
	k rayable to			BS.	11.			ADI	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
7-140-	pn	01110211011101		☐ Delete	TITL				311.0.10,017.17.02.0.10	70	Change	☐ Addition
		8 1		DOICHE	NAM			_				
						EET ADDRESS			SEE ATTACI	180)	
						-ST-ZIP				•		
TITLE	-			Delete	TITL	E					☐ Change	☐ Addition
NAME		LIFED			NAM	iE					– •	_
STREET ADDRESS	7880 BENT	BRANCH/DRIVE #100			STR	EET ADDRESS						
CITY-ST-ZIP	IRVING TX	75063			CITY	-ST-ZIP	_				=	
TITLE	VPS	X		☐ Delete	TITL	E					☐ Change	☐ Addition
NAME	WINTON, N	ANCY L			NAM	E						•
STREET ADDRESS		BRANCH DRIVE #100			STR	EET ADDRESS						
CITY-ST-ZIP	IRVING TX/	75063			CITY	-ST-ZIP						
TITLE	VP /	\		☐ Delete	TITL	E					Change	☐ Addition
NAME	colter, w	/arren z			NAM	E						
STREET ADDRESS	7880/BENT	BRANCH DRIVE #100			•	ET ADDRESS						
CITY-ST-ZIP	IRVING TX	75063			CITY	-ST-ZIP		···				
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NAME					NAM							
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CITY-ST-ZIP	<u> </u>			<u> </u>	CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE	1					Change	☐ Addition
NAME					NAM							{
STREET ADDRESS	1				STRE	ET ADDRESS						• [

FILED Jan 28, 2003 8:00 am **Secretary of State**

01-28-2003 90076 020 ***150.00

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:

FOOTACTION/FAN CLUB/ OPEN COUNTRY/UPRISE - SUBSIDIARIES

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