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

P96000033991

DOCUMENT #

317

Jan 28, 2003 8:00 am Secretary of State
01-28-2003 90076 016 ***150.00

1. Entity Name WEST OAKS FOOTACTION, INC. Principal Place of Business Mailing Address WEST OAK MALL 7000 BENT BRANCH DR 90011835 RT 50 & CLARK ST #100-ORLANDO FL 34741 IRVING TX 75003 US 2. Principal Place of Business 3. Mailing Address 141269 GoXP.O Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3397793 Not Applicable **ひにんいい** Zip Country Zin Čountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 15014 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST TALLAHASSEE FL 32301 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NEVILLE, SHAWN R NAME NAME 7880 BENT BRANCH ØR #100 STREET ADDRESS STREET ADDRESS irying tx CITY-ST-ZIP C.SEE ATTACHE CiTY-ST-7IP **VPD** TITLE □ Delete TITLE ☐ Addition APPLBAUM, LEE D NAME NAME 7880 BENT BRANCH DR #100 STREET ADDRESS STREET ADDRESS IRVING TX 75063 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPS** Delete TITLE Change Addition WINTON MANCY L NAME STREET ADDRESS 7880 BENT BRANCH DR #100 STREET ADDRESS CITY-\$T-ZIP IRVING/TX CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition COLÍER, WARREN Z NAME 7880 BENT BRANCH DR STREET ADDRESS STREET ADDRESS irying TX 75063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 addre with all other like empowered

1/16/03 (972) 501

aucechnef pg600003389/ 90011835 FOOTACTION/FAN CLUB/ OPEN COUNTRY/UPRISE - SUBSIDIARIES

PRESIDENT R. SHAWN NEVILLE 575-84-8155

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