

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90094 030 ***150.00

12:24:15 AM

DOCUMENT # P97000076588

1. Entity Name
11095 VIKING, INC.

Principal Place of Business
**1801 HERMITAGE BLVD., STE. 600
 TALLAHASSEE FL 32308**

Mailing Address
**1801 HERMITAGE BLVD., STE. 600
 TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3465691

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, DAVID E
 1801 HERMITAGE BLVD., STE. 100
 TALLAHASSEE FL 32308**

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALEY, EDWARD	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, G. ANDREWS	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, STE. 800	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARALDO, MARK	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	VPAST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weaver, Regina	
STREET ADDRESS	8750 N. Central, #800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Jeffrey	
STREET ADDRESS	1801 Hermitage Blvd #600	
CITY-ST-ZIP	Tallahassee, Fla 32308	
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		

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.

SIGNATURE: G. Andrews Smith, Pres Date: 3-11-02 Daytime Phone #: 2149890800

CR2E034 (9/01)