

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2002 90094 030 ***150.00

10:29:15 AM

DOCUMENT # P97000076588

1. Entity Name
11095 VIKING, INC.

Principal Place of Business Mailing Address
1801 HERMITAGE BLVD., STE. 600 **1801 HERMITAGE BLVD., STE. 600**
TALLAHASSEE FL 32308 **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
TODD, DAVID E
1801 HERMITAGE BLVD., STE. 100
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UFAST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Weaver, Regina 8750 N. Central, #800 Dallas, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Jeffrey 1801 Hermitage Blvd #600 Tallahassee, Fla 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)