


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90100 013 \*\*\*150.00

**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**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3465691** Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VPAS	<input type="checkbox"/> Delete
NAME	WEAVER, REGINA	
STREET ADDRESS	8750 N CENTRAL #800	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALEY, EDWARD	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMTIH, JEFFREY	
STREET ADDRESS	1801 HERMITAGED BLVD#600	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS W. BENNETT	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 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		
TITLE	VICE PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK FARALDO	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS, TX 75231	

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: G. ANDREWS SMITH, PRESIDENT 1/7/03 214.989.0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)