FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am P99000056922 DOCUMENT # Secretary of State 1. Entity Name BLUE SKY YACHT SALES, INC. 06-04-2002 90207 036 ***558.75 Principal Place of Business Mailing Address 2221 ALLIANCE BLVD., STE, 200 2221 ALLIANCE BLVD., STE. 200 FT. WORTH TX 76177 FT. WORTH TX 76177 2. Principal Place of Business 3. Mailing Address 2800 W. Mockingbird Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2827645 Dallas Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DEBO, DENNIS NAME STREET ADDRESS 2221 ALLIANCE BLVD., STE. 200 STREET ADDRESS FT. WORTH TX 76177 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME HOLLY, ROBERT STREET ADDRESS STREET ADDRESS 2221 ALLIANCE BLVD., STE. 200 CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX 76177 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an addless, with all other like empowered.

Dennis Debo

5/16/02 214-902-5016