

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91518 041 ***150.00

DOCUMENT # P 99000078619

1. Entity Name

Alchemist, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 Summit Ave

3. Mailing Address

1305 Summit Ave

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

PLANO

Texas

City & State

PLANO

Texas

Zip

75074

Country

USA

Zip

75074

Country

USA

4. FEI Number

75-2838016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morris Sillerman

Street Address (P.O. Box Number is Not Acceptable)

1320 Myrtle Ave S

Suite 101

City

Clearwater

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Director

NAME

Ellis G. Wolbe

STREET ADDRESS

1305 Summit Ave #1

CITY-ST-ZIP

PLANO, TEXAS 75074

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Director

NAME

GARY M. KANER

STREET ADDRESS

1305 Summit Ave #1

CITY-ST-ZIP

PLANO TEXAS 75074

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Director

NAME

John D. Banda

STREET ADDRESS

2201 West NW Highway

CITY-ST-ZIP

DALLAS TEXAS 75220

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ellis G. Wolbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02

Date

9724235252

Daytime Phone #

CR2E034B (12/01)