200	2 UNIFORM BUSI	<b>NESS REPO</b>	RT (UE	R)				
1. Entity Nar	IMENT # V3313 AN SIGHTSEEING, INC.		APPRIOVEL AND FILED					
VIAITI IIÒN			02 FEB -8 PM 3: 26					
Principal Plar 11077 NW 36 MIAMI FL 33		Mailing Address ONE RIVERWAY SUITE 500 HOUSTON TX 77056 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address				ijait stati stati stati sisii lost		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State			FEI Number 65-0332986 :	Applied For		
Zip Country		Zip Country		5.	5. Certificate of Status Desired See Required			
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered			
			Name	-"				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Street	et Address (P.O. Box Number is Not Acceptable)				
TALLS OF	OOLL 1 L 02001	City			FL	Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its r	eaistered office	or registered ac		<u>- 1                                   </u>		
SIGNATURE	Signature, typed or printed name of registered agent ar		Registered Agent sign		reinstating) DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees			
11.	OFFICERS AND D	DIRECTORS	12.	ΑĽ	_L DDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GALLAGHER, FRANK ONE RIVERWAY SUITE 500 HOUSTON TX 77056	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAUID ONE R	s Young Riverway, Ste 500 ton, TX 77056	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LINDA ONE RIVERWAY SUITE#500 HOUSTON TX 77056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LONGO, ROBERT E ONE RIVER WAY SUITE 500 HOUSTON TX 77056-1903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200004897	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS ROSECRANS, SHAYNE ONE RIVERWAY SUITE 500 HOUSTON TX 77056-1903	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TACS REYERS, STEPHANIE ONE RIVERWAY SUITE #500 HOUSTON TX 77056	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change Addition		

13. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIAGECTOR



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 150.00

ORDER DATE: February 7, 2002

ORDER TIME : 12:02 PM

ORDER NO. : 419083-215

CUSTOMER NO:

7111512

CUSTOMER: Ms. Shayne A. Rosecrans

Coach Usa One Riverway Suite 500

Houston, TX 770561903

## ANNUAL REPORT FILING

NAME:

AMERICAN SIGHTSEEING, INC.

XX A	NNUAL R	EPOF	TS					
PLEASE 1	RETURN	THE	FOLLOWI	NG	AS	PROOF	OF	FILING:
XX		STAM	COPY MPED COP TE OF GO		STA	ANDING		
CONTACT	PERSON	: J	Jeanine	Rev	mol	.ds-EXT	7#11	<b>.</b> 33

EXAMINER'S INITIALS: