

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 035 ***150.00

DOCUMENT # F97000001222

1. Entity Name
F.A.C.T.S. MANAGEMENT CO.

Principal Place of Business 100 NORTH 56TH STREET, STE 306 LINCOLN NE 68504	Mailing Address 100 NORTH 56TH STREET, STE 306 LINCOLN NE 68504
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C0023466



DO NOT WRITE IN THIS SPACE -

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5555 South Street Suite, Apt. #, etc.	4. FEI Number 47-0751402	Applied For Not Applicable
City & State Lincoln, Nebraska	City & State Lincoln, Nebraska	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 68506	Country USA		

6. Name and Address of Current Registered Agent ALTICE, WILLIAM J 1309 EAST WALLACE STREET ORLANDO FL 32809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BYRNES, DAVID 100 NORTH 56TH STREET, STE 306 LINCOLN NE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PHILLIPS, STANLEY 100 NORTH 56TH STREET, STE 306 LINCOLN NE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: David Byrnes 2/16/01 (402) 483-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)