

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000007506

1. Entity Name
WDLP LICENSING, INC.



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE PENTHOUSE II
COCONUT GROVE, FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE PENTHOUSE II
COCONUT GROVE, FL 33133



02152006 No Chg-P OR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3802840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000530834
05/06/06-80015-001 300.00

10. OFFICERS AND DIRECTORS

TITLE PC
NAME ALARCON, RAUL JR.
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE PENTHOUSE II
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VSD
NAME GARCIA, JOSEPH A
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE PENTHOUSE II
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 (305) 441-6901

Date

Daytime Phone #