

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90034 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000006468**

1. Corporation Name  
**WILLOW CSN INCORPORATED**



Principal Place of Business  
 10275 COLLINS AVENUE, STE 1531  
 BAL HARBOUR FL 33154

Mailing Address  
 10275 COLLINS AVENUE, STE 1531  
 BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>701 BRICKELL AVE.</b>		2a. Mailing Address 26 <b>701 BRICKELL AVE.</b>		3. Date Incorporated or Qualified <b>12/11/1996</b>	
22 <b>SUITE 1850</b>		27 <b>SUITE 1850</b>		4. FEI Number <b>98-0151557</b>	
23 <b>MIAMI FL</b>		28 <b>MIAMI FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33131</b>		29 <b>33131</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent			
		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHERRY, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>10275 COLLINS AVENUE, STE 1531</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, GAIL</b>	2.2 NAME	
STREET ADDRESS	<b>10275 COLLINS AVENUE, STE 1531</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPSTEIN, DENNIS</b>	3.2 NAME	
STREET ADDRESS	<b>14 CHICORA AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO ONTARIO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>USHER-JONES, BRIAN</b>	4.2 NAME	
STREET ADDRESS	<b>81 GLENGOWAN RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO ONTARIO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRITCHARD, GORDON W</b>	5.2 NAME	
STREET ADDRESS	<b>23 HATHERTON CRESCENT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DON MILLS ONTARIO CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>S LAYNE LISA</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2150 N.E. 207 ST</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI FL 33179</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lisa Layne** **Lisa Layne** **4-29-99** **305-810-1806**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0223685

CR2E034 (1/1/98)

545013-70034-31  
F96000006468

**Section 13**

**Additional Directors:**

**Add: Jed B. Troser**  
4805 Woodmere Road  
Tampa, FL 33609

**Add: J.R. Holland, Jr.**  
9 Knightwood Court  
Dallas, TX 75201