

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90003 011 \*\*\*150.00

**DOCUMENT # F96000006468**

1. Entity Name  
**WILLOW CSN INCORPORATED**

Principal Place of Business 701 BRICKELL AVE SUITE #1850 MIAMI FL 33131 US	Mailing Address 701 BRICKELL AVE SUITE #1850 MIAMI FL 33131-2831 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>98-0151557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	CD	<input type="checkbox"/> Delete
NAME	<b>CHERRY, RICHARD</b>	
STREET ADDRESS	<b>10275 COLLINS AVENUE, STE 1531</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NICHOLS, GAIL</b>	
STREET ADDRESS	<b>10275 COLLINS AVENUE, STE 1531</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>USHER-JONES, BRIAN</b>	
STREET ADDRESS	<b>81 GLENGOWAN RD</b>	
CITY-ST-ZIP	<b>TORONTO ONTARIO CA</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>LAYNE, LISA</b>	
STREET ADDRESS	<b>2150 NE 207 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Larrabee</b>	
STREET ADDRESS	<b>152 W 57th St, 42nd floor</b>	
CITY-ST-ZIP	<b>NYC, NY 10019</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Norman Wright</b>	
STREET ADDRESS	<b>1 HSN Drive</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33729</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>J.R. Holland, Jr.</b>	
STREET ADDRESS	<b>1601 Elm Street, Suite 4000</b>	
CITY-ST-ZIP	<b>Dallas TX 75201</b>	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Asim Saber</b>	
STREET ADDRESS	<b>701 Brickell Ave., Suite 1850</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael J. GREIF</b>	
STREET ADDRESS	<b>701 Brickell Ave., Suite 1850</b>	
CITY-ST-ZIP	<b>Miami FL 33133</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. J. Greif Secretary of State  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 5/5/00 Daytime Phone #: 305-810-1850

CR2E034 (9/99)