

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90291 041 ***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 US |
|--|--|

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|--|--|
| 2. Principal Place of Business 2901 SW 149th Ave | 3. Mailing Address 2901 SW 149th Ave |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |
| City & State MIRAMAR FL | City & State MIRAMAR FL |

| | | | |
|--------------------------|-----------------------|--------------------------|-----------------------|
| Zip 33027-4148 | Country USA | Zip 33027-4148 | Country USA |
|--------------------------|-----------------------|--------------------------|-----------------------|



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 98-0151557 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 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 **FL** 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | CD CHERRY, RICHARD 10275 COLLINS AVENUE, STE 1531 BAL HARBOUR FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICHOLS, GAIL 10275 COLLINS AVENUE, STE 1531 BAL HARBOUR FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D USHER-JONES, BRIAN 81 GLENGOWAN RD TORONTO ONTARIO CA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARRABEE, JOHN 152 W 57TH ST 42ND FLOOR NEW YORK NY 10019 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, NORMAN 1 HSN DR ST PETERSBURG FL 33729 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLAND, J R JR 1601 ELM ST STE 4000 DALLAS TX 75201 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asim Saber P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 SW 149th Ave, Suite 200 MIRAMAR FL 33027-4148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Brad Oldham <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 Elm St Ste 4000 Dallas TX 75201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LISA WAYNE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 SW 149th Ave, Suite 200 MIRAMAR FL 33027-4148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael J. Greif S <input type="checkbox"/> Change <input type="checkbox"/> Addition 2901 SW 149th Ave, Suite 200 MIRAMAR FL 33027-4148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Michael J. Greif 1-26-01 954-392-2625
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

011491U

CR2E034 (10/00)