


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

2005 FEB 16 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000966**
 1. Entity Name
SLC Newport, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5102 West Laurel Street
 Suite, Apt. #, etc.
Suite 700

3. Mailing Address
T Veneracion 1050 Connecticut Ave.
 Suite, Apt. #, etc.
1050 Connecticut Ave

City & State
Tampa, FL

City & State
Washington D.C.

Zip
33607

Country
USA

Zip
20036

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4120851** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** State **FL** Zip Code **33324**

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.

600046788476
02/17/05--01014--016 **150.00

SIGNATURE _____ (Signature, typed or printed name of the current agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C Rothenberg, Stuart M. 85 Broad Street New York, NY 10004	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/CEO Thilo D. Best 5102 West Laurel Street Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/CFO Jon A. DeLuca 5102 West Laurel Street Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/S Patrick Tribolet 100 Crescent Court, Suite 1000 Dallas, TX 75201	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Thomas D. Ferguson 100 Crescent Court, Suite 1000 Dallas, TX 75201	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/T Josephine Scesney 85 Broad Street New York, NY 10004	TITLE NAME STREET ADDRESS CITY- ST- ZIP	

12. 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, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, which other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

Attachment to 2005 Annual Report for SLC Newport, Inc.

10: Additional Officer: AT/AS
 Mitchell S. Weiss
 85 Broad Street
 New York, NY 10004