

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001564

1. Entity Name
WB STAGE 16, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 8:55

Principal Place of Business
6100 DEACON DRIVE
WINDERMERE FL 34786

Mailing Address
6100 DEACON DRIVE
WINDERMERE FL 34786-8936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
129 W. Church Street
Suite, Apt. #, etc.

3. Mailing Address
129 W. Church Street
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32801

Country
USA

Zip
32801

Country
USA

4. FEI Number
59-3545191

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIERCY, TYLER 6100 DEACON DRIVE WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'RIORDAN, GERARD 6100 DEACON DRIVE WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000003178470--5 -03/21/00--01104--017 *****50.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>mf 3/16/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *TYLER PIERCY* 2/14/99 407-422-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)