

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30603**

1. Entity Name
INTERNATIONAL STATION, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:10

Principal Place of Business
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0221061**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGOSEN, DEAN
500 S. AUSTRALIAN AVE.
WEST PALM BEACH FL 33401

Name **Lothar Estein**

Street Address (P.O. Box Number is Not Acceptable)

5211 International Drive

City **Orlando** **FL** Zip Code **32819**

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 **Lothar Estein, President of General Partner** DATE **3-30-00**

9. Capital Contributions as Shown on record. **\$14,800,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

DOCUMENT # **K93159**
NAME **WELP MANAGEMENT CORP.**
STREET ADDRESS **500 S. AUSTRALIAN AVE.**
CITY-ST-ZIP **WEST PALM BEACH FL**

STREET ADDRESS
CITY-ST-ZIP

ADDRESS CHANGES ONLY
~~800003213238--5~~
~~-04/18/00--01104--011~~
~~****535.00 ****535.00~~

DOCUMENT #
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CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Lothar Estein** DATE **3-30-00** DAYTIME PHONE # **407-354-3307**

CR2E003 (9/99)