

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90110 034 ***150.00

DOCUMENT # **F02000006365**



1. Entity Name
WILLIAM MORRIS AGENCY, INC.

Principal Place of Business
**119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH FL 33139**

Mailing Address
**151 EL CAMINO DRIVE
BEVERLY HILLS CA 90212**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1062500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FURIA LAW FIRM
C/O ARTHUR J. FURIA
800 BRICKELL AVENUE, SUITE 1105
MIAMI FL 33131~~

Name **Valdes-Fauli Corporate Services, Inc**
Street Address (P.O. Box Number is Not Acceptable)
**2 South Biscayne Blvd
Suite 3400**
City **Miami Florida FL** Zip Code **33131**

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.

SIGNATURE *Arthur J. Furia*
Signature, typed or printed name of registered agent and title if applicable.

Arthur J. Furia
(NOTE: Registered Agent signature required when reinstating)

3/31/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB BROKAW, NORMAN R 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO WIATT, JAMES 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO ZIFKIN, WALTER 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO <i>Kram</i> KRAMIN, STEVEN H 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO KANNOF, ALAN 1325 AVENUE OF THE AMERICAS NEW YORK CITY NY 10019 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO WEINTRAUB, IRVING J 151 EL CAMINO DRIVE BEVERLY HILLS CA 90212 <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman Brokaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 Date (310) 859-4222 Daytime Phone #

CR2E034 (10/02)