## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002130

Entity Name: MELL PRIDGE LICENSING L

THOMAS JAY, KELL

8400 E. CRESCETN PARKWAY

GREENWOOD VILLAGE, CO 80111

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: WELLBRIDGE LICENSING, INC. **Current Principal Place of Business: New Principal Place of Business:** 8400 EAST CRESCENT PARKWAY SUITE 200 GREENWOOD VILLAGE, CO 80111 **Current Mailing Address: New Mailing Address:** 8400 EAST CRESCENT PARKWAY SUITE 200 GREENWOOD VILLAGE, CO 80111 FEI Number: 84-1488210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: () Change () Addition Name: WILLIAMS, EDDIE D Name: 8400 E CRESCENT PARKWAY, STE 200 Address: Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 City-St-Zip: Title: CFO Title: () Delete CFO (X) Change ( ) Addition C. HARRIS WHITE. Name: Name: DOWER, BRYAN M 8400 E. CRESCENT PARKWAY, STE 200 8400 E. CRESCENT PARKWAY, STE 200 Address: Address: GREENWOOD VILLAGE, CO 80111 GREENWOOD VILLAGE, CO 80111 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: COO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: EDDIE D. WILLIAMS PSTD 04/26/2007