2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000001920

Entity Name: HANZELL VINEYARDS, LTD. CORPORATION

FILED Mar 19, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
18596 LON SONOMA,						
Current Mailing Address:				New Mailing Address:		
18596 LON SONOMA,						
FEI Number: 94-2280007 FEI Number Applied For () FEI N		FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Agent:
AUGUSTAN WINE IMPORTS 3401 NORTH 29TH AVE HOLLYWOOD, FL 33020 US				TRANSATLANTIC WINE & SPIRITS 1600 NW 163 STREET MIAMI, FL 33169 US		
The above in the State		submits this statement for the pu	rpose o	f changing it	s registered o	office or registered agent, or both,
SIGNATURE: PATRICK CASSIDY				03/19/2003		
	Electror	ic Signature of Registered Agen	t			Date
	npaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:		ADDITION	S/CHANGES	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	BRITTON, WIL	V 4500 BANKERS HALL EAST		Title: Name: Address: City-St-Zip:	BRITTON, WIL 855 2ND ST S	X) Change ()Addition LLIAM L SW 4500 BANKERS HALL EAST BERTA, CA CA
Title: Name: Address: City-St-Zip:	P () ARNOLD, JEAN 5535 SEBASTO SEBASTOPOL,	POL RD		Title: Name: Address: City-St-Zip:	ARNOLD, JEA 5535 SEBAST	
Title: Name: Address: City-St-Zip:) Delete		Title: Name: Address: City-St-Zip:	D (ALEXANDER, 18596 LOMITA SONOMA, CA	A AVE
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D (MOTTO, VIC 1715 DEAN YO ST HELENA, C	
Title: Name: Address: City-St-Zip:) Delete		Title: Name: Address: City-St-Zip:	D (FREDRICKSO 231 WARE RO WOODSIDE, O	DAD
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D (ROBERT, SES 1230 DEWELL SONOMA, CA	L RD

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JEAN L. ARNOLD P 03/19/2003