2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002923

1. Entity Name
WW LBV INC.

Principal Place of Business	Mailing Address
2000 HOTEL PLAZA BLVD ORLANDO, FL 32830	5847 SAN FELIPE #4650 HOUSTON, TX

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0565758
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH,LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KLINGHER, MICHAEL K
STREET ADDRESS	85 BROAD ST 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	VP
NAME	BONFIELD, KIM E
STREET ADDRESS	100 CRESCENT CT-STE 100
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	O'BRIEN, ELIZABETH
STREET ADDRESS	100 CRESCENT CT-STE 1000
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VP
NAME	MANGALJI, MAJID
STREET ADDRESS	5847 SAN FELIPE-STE 4650
CITY-ST-ZIP	HOUSTON, TX 77057
TITLE	VP
NAME	MANGALJI, MOEZ
STREET ADDRESS	5847 SAN FELIPE STE 4650
CITY-ST-ZIP	HOUSTON, TX 77057
TITLE	VAS
NAME	MANGALJI, FEREED
STREET ADDRESS	5847 SAN FELIP-STE 4650
CITY-ST-ZIP	HOUSTON, TX 77057

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07/20/04-80006-009 150.00

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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: Mohamed Thawfeek 7/7/04 (713)282-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #