

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # F98000002923

1. Entity Name  
WW LBV INC.



Principal Place of Business  
2000 HOTEL PLAZA BLVD  
ORLANDO, FL 32830

Mailing Address  
5847 SAN FELIPE #4650  
HOUSTON, TX

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CR#100776

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C  
NAME KLINGER, 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, FERED  
STREET ADDRESS 5847 SAN FELIP-STE 4650  
CITY-ST-ZIP HOUSTON, TX 77057

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04/18/05-80048-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohamed Thowfeek 3/28/05 (713) 280-9100

Date

Daytime Phone #