

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0565758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000913302
05/08/08-80011-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, TODD 85 BROAD ST., 19TH FLOOR NEW YORK, NY 10004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONFIELD, KIM E 100 CRESCENT CT-STE 100 DALLAS, TX 75201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, ELIZABETH 100 CRESCENT CT-STE 1000 DALLAS, TX 75201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANGALJI, MAJID 5847 SAN FELIPE-STE 4650 HOUSTON, TX 77057
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANGALJI, MOEZ 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MANGALJI, FERED 5847 SAN FELIP-STE 4650 HOUSTON, TX 77057
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Mohamed Thowfeek
Assistant Secretary

4/17/08

Date

Daytime Phone #