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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90001 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005949

1. Corporation Name
TW ENTERTAINMENT TRANSPORTATION, INC.

Principal Place of Business
**4559 ROUTE 9 NORTH
HOWELL NJ 07731**

Mailing Address
**4559 ROUTE 9 NORTH
HOWELL NJ 07731**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

22-3512224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name **Vic DeSantis**

82 Street Address (P.O. Box Number is Not Acceptable)
1100 Lee Wegener Blvd.

83 Suite 203

84 City **Ft. Lauderdale, FL** 85 Zip Code **33315**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Vic DeSantis**

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

Feb 21/99.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **GALLAGHER, DENIS J**
CITY-ST-ZIP **4559 ROUTE 9 NORTH
HOWELL NJ**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **BYRNE, ROBERT**
CITY-ST-ZIP **4559 ROUTE 9 NORTH
HOWELL NJ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **TIERNEY, JOHN F**
CITY-ST-ZIP **4559 ROUTE 9 NORTH
HOWELL NJ**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V**
3.3 STREET ADDRESS **Boucher, David M.**
3.4 CITY-ST-ZIP **4559 Route 9 North
Howell, NJ 07731**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NOLAN, JOSEPH P**
CITY-ST-ZIP **6100 SEARS TOWER
CHICAGO IL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HEMMER, VINCENT**
CITY-ST-ZIP **6100 SEARS TOWER
CHICAGO IL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **POWELL, ELIOT**
CITY-ST-ZIP **PO BOX 1992 N/A
BOSTON MA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

732-942-2250

CR2E034 (11/98)