

4/23

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90016 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55415

1. Entity Name
WTLH, INC.

Principal Place of Business
5200 N OCEAN DR
SUITE 18-B
SINGER ISLAND FL 33404
US

Mailing Address
WTLH, INC
5200 N OCEAN DR., 18B
SINGER ISLAND FL 33404
US

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number 59-2774146
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKE, BRIAN
C/O ARNSTEIN & LEHR
515 NORTH FLAGLER DRIVE, SUITE 600
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name PAUL LANSAT
Street Address (P.O. Box Number is Not Acceptable)
5200 N. OCEAN DR 18B
City SINGER ISLAND FL Zip Code 33404

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.

SIGNATURE PAUL LANSAT
Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 5/08/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANSAT, PAUL 5200 N. OCEAN DR., 18B SINGER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANSAT, RENEE 5200 N. OCEAN DR., 18B SINGER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Lansat
Date 4-16-01 561-848-5048
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)