

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000000070

1. Entity Name

CTN VENTURES, L.C.

Principal Place of Business

Mailing Address

C/O DONALD T. QUINN
1007 NORTH AMERICA WAY-5TH FLOOR
MIAMI FL 33132

FILED
01 JUL 2 2001 8:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

36-4353136

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CTN VENTURES, L.C.
C/O DONALD T. QUINN
1007 NORTH AMERICA WAY-5TH FLOOR
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

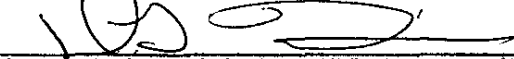
City

FL

Zip Code

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



D.T. QUINN

27 JUNE, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
WILLIAM D. SAN HAMEL
2500 WINDSOR MALL DRIVE
PARK RIDGE IL 60068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
WILLIAM E. ARMSTRONG
1007 NORTH AMERICA WAY-5TH FLOOR
MIAMI FL 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004475512
-07/13/01--01107--009
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
DENNIS A. BROWN
1379 TEMPORALE DRIVE
HENDERSON, NV 89052

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William D. San HameL

6/21/01

847-692-3085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)