

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000070

1. Entity Name

CTN VENTURES, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

002 OCT-4 2002 2:56 PM
Secretary of State

07-16-2002 90370 037 ***400.00

Principal Place of Business

CTN VENTURES, L.C.
1007 NORHT AMERICA WAY 5TH FLOOR
MIAMI FL 33132

Mailing Address

CTN VENTURES, L.C.
1007 NORHT AMERICA WAY 5TH FLOOR
MIAMI FL 33132

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN HAMEL, WILLIAM D 2500 WINDSOR MALL PARK RIDGE IL 60068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, WILLIAM E 1007 NORTH AMERICA WAY 5TH FLR. MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DENNIS A 1379 TEMPORALE DRIVE HENDERSON NV 89052	<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"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/01)

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.

WILLIAM D. SAN HAMEL, CEO & MANAGING MEMBER

SIGNATURE: WILLIAM D. SAN HAMEL

SIGNATURE REQUIRED CEO & MANAGING MEMBER 2/16/02 2:56 PM