

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M 00000000 1287**

1. Entity Name

WORLD CONCOURSE VENTURES, LLC

FILED

01 JUL 12 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

NOT YET OPEN

3. Mailing Address

WORLD CONCOURSE VENTURES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 105443

City & State

City & State

ATLANTA GA

Zip

Country

Zip

30348

Country

4. FEI Number

58-2553033

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

Name **CT CORPORATION**

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

1200 S PINE ISLAND ROAD

PLANTATION

City

FL

Zip Code

33324

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

700004483977--0

-07/18/01--01023--023

*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **DALE MASON COCHRAN** ☐ Delete
NAME **CEO**
STREET ADDRESS **3323 NORTH HOBART**
CITY-ST-ZIP **LOS ANGELES, CA 90027**

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

TITLE **VICE PRESIDENT** ☐ Delete
NAME **SEAN ANDERSON**
STREET ADDRESS **3200 WINDY HILL RD STE 1500W**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **Secretary Treasurer** ☐ Delete
NAME **John Underwood,**
STREET ADDRESS **Crossroads Corporate Center**
CITY-ST-ZIP **One International Blvd**

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

TITLE **Mahwah, New Jersey 07485** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Dale Mason Cochran** **DALE MASON COCHRAN**

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

Date

Daytime Phone #

3236413867

CR2E083 (11/00)