

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 040 ****50.00

DOCUMENT # M00000001287

1. Entity Name

WORLD CONCOURSE VENTURES, LLC

Principal Place of Business

**WORLD CONCOURSE VENTURES
P.O. BOX 105443
ATLANTA GA 30348**

Mailing Address

**WORLD CONCOURSE VENTURES
P.O. BOX 105443
ATLANTA GA 30348**

2. Principal Place of Business

Mailing Address

WORLD CONCOURSE VENTURES, LLC

WORLD CONCOURSE VENTURES, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2553033**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete
NAME **COCHRAN, DALE**
STREET ADDRESS **2373 NO. HOBART BLVD.**
CITY-ST-ZIP **LOS ANGELES CA 90027**

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

TITLE **VP** ☒ Delete
NAME **ANDERSON, SEAN**
STREET ADDRESS **3200 WINDY HILL ROAD, SUITE 1500**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **S T** ☐ Delete
NAME **UNDERWOOD, JOHN**
STREET ADDRESS **CROSSROADS CORP. CNTR. ONE INTL. BLVD.**
CITY-ST-ZIP **MAHWAH NJ 07495**

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

TITLE **MGRM** ☒ Delete
NAME **BAIARDI, JOHN**
STREET ADDRESS **ONE BATTERY PARK PLAZA**
CITY-ST-ZIP **NEW YORK NY 10004**

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

08/29/02 (323) 661-3867
Date Daytime Phone #

CR2E083 (4/02)