2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

Jan 18, 2005 08:00 AM **DOCUMENT # N97000002567 Secretary of State** 1. Entity Name LOCAL 780 I.A.T.S.E., INC. LAND CORPORATION Principal Place of Business_ Mailing Address 125 N BREVARD AVE. 125 N BREVARD AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 01042005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4 FELNumber 36-2028354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent YOUNGER, ANDREW DO NOT WRITE 125 N BREVARD AVE. COCOA BEACH, FL 32931 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. PD TITI F NAME YOUNGER, ANDREW STREET ADDRESS 125 NORTH BREVARD AVE. CITY-ST-ZIP COCOA BEACH, FL 32931 THIF VD. U0000181888 01/19/05-80006-006 61.25 NAME BERKOWITZ, PAUL STREET ADDRESS 123 WEST MADISON ST., STE. 600 CITY-ST-ZIP CHICAGO, IL 60602 TITLE TD NAME GIANNESCHI, LARRY STREET ADDRESS 1942 HEMPEL AVE. DO NOT WRITE CITY-ST-ZIP WINDERMERE, FL 34786 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SKINING OFFICER OR DIRECTOR

FILED