

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90197 043 \*\*\*150.00

**DOCUMENT # P01000040587**

1. Entity Name

TRANSWESTERN COCOWALK, LICENSE I, INC.



Principal Place of Business

3015 GRAND AVENUE #118  
COCONUT GROVE, FL 33133

Mailing Address

C/O DRANE & FREYER LTD.  
150 NORTH WACKER DRIVE, SUITE 800  
CHICAGO, IL 60606

01072004

No Chg-P

CR2E034 (10/03)



01072004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-2633208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J ESQ  
TERMINELLO & TERMINELLO, P.A.  
2700 SW 37TH AVENUE  
MIAMI, FL 33133

**DO NOT WRITE  
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. 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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
DRANE, SCOTT A  
150 WACKER DRIVE, SUITE 800  
CHICAGO, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DRANE, SCOTT A  
150 WACKER DRIVE, SUITE 800  
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IN THIS SPACE**

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Drane, Director 4/5/04 312.827.7100

Date

Daytime Phone #