


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90086 038 \*\*\*150.00

014077 AT

<b>DOCUMENT #</b> 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	58-2633208	Applied For	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  TERMINELLO, LOUIS J ESQ TERMINELLO & TERMINELLO, P.A. 2700 SW 37TH AVENUE MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 150.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DRANE, SCOTT A 150 WACKER DRIVE, SUITE 800 CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRANE, SCOTT A 150 WACKER DRIVE, SUITE 800 CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 REQUIRED 8-26-03 3128277101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



Attachment

90153063

#P0100040587

150 North Wacker Drive

Chicago, Illinois 60606

Phone: 312.827.7100

Fax: 312.827.7111

Drane & Freyer  
Limited  
Scott A. Drane  
Direct Line 312.827.7101  
scott\_drane@transwestern.net

August 26, 2003

**VIA Messenger**

Division of Corporations

Uniform Business Report Filings

P.O. BOX 1500

Tallahassee, FL 32302-1500

Re: Late fee - Uniform Business Report

To whom this may concern:

I am writing this letter in response to the 60-day notice Uniform Business Report I received regarding Transwestern Cocowalk License I, Inc. This is the first notice I received. Enclosed is the original \$150.00 filing fee.

Sincerely,

Scott A. Drane

Enclosure