## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## Aug 29, 2003 8:00 am Secretary of State P01000040587 DOCUMENT # 08-29-2003 90086 038 \*\*\*150.00 1. Entity Name TRANSWESTERN COCOWALK, LICENSE I, INC. Principal Place of Business Mailing Address C/O DRANE & FREYER LTD. 3015 GRAND AVENUE #118 COCONUT GROVE FL 33133 150 NORTH WACKER DRIVE. SUITE 800 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2633208 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERMINELLO, LOUIS J ESQ Street Address (P.O. Box Number is Not Acceptable) TERMINELLO & TERMINELLO, P.A. 2700 SW 37TH AVENUE MIAMILEL 33133 City Zip Code ent for the purpose of cychging its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name the obligations SIGN ed agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS SECTION 150.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Delete TITLE TITLE ☐ Addition DRANE, SCOTT A NAME NAME 150 WACKER DRIVE, SUITE 800 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DRANE, SCOTT A NAME NAME 150 WACKER DRIVE, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP - Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

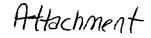
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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

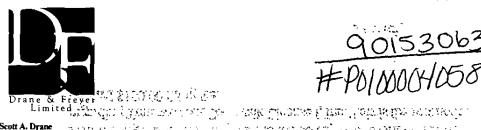
empowered.

SIGNATURE: 9

SIGNASSE REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address; with all other like





150 North Wacker Drive

Chicago, Illinois 60606

Phone: 312.827.7100

SOC 4.5 THORSE Fax: 312.827.7111

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.

Sineerely,

Scott A. Drane

Enclosure

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