FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSIN	IESS	REPOR'	ΑΙ (Γ (U	JBR	<u>) </u>		Apr 28, 2003 8 Secretary of S	:00	am
DOCUMENT # P0200052806 1. Entity Name CBL PANAMA CITY, INC.							Secretary of State 04-28-2003 90230 039 ***150.00			
Principal Place of Business 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA TN 37421			Mailing Address 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA TN 37421			:				
2. Principal Place of Business			3. Mailing Address			=======================================	CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
City & State City & State								El Number 41-2041296		lied For Applicable
Zip 37421-6	Country	Zip	21-6000	Coun	try			Certificate of Status Desired \$8.7	75 Additi	
	6. Name and Address of Curre						7. N	lame and Address of New Registered Agent		
C T CORRODATION OVOTEN					Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street A	t Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					City	FL Zip Code				
A The above	named entity submits this statemer	ot for the pure	nose of changing its	register	ed office or	registere	d and	ent, or both, in the State of Florida. I am familia	r with au	nd accept
	ons of registered agent.	it for the part	soso or origing no	,	sa onice o	regiotore	.a ugc	ort, or both, in the state of Frenda. Tarritaining	, 111ki (, Ca	ia accept
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if ap	plicable. (NOTE	Registere	d Agent signate	ure required v	when rei	instating)DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	May Be o Fees
10.	OFFICERS A	ND DIRECTO	DRS	11.			ADI	DITIONS/CHANGES TO OFFICERS AND DIRE	CTORS	IN 11
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name Street address				NAM STRE	E Et address			es B. Lebovitz Mamilton Place Blvd.,	#50	ω
CITY-ST-ZIP	*				-ST-ZIP	Chat	л ta	nooga, TN 37421-6000	π 3 0	,0
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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 of 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 atta all other like empowered. GUS STEPHAS

电电路 (产)

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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SR NP/CONTACLLOR

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