

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90058 019 ***150.00

0659453 AT

DOCUMENT # P17129

1. Entity Name
CANNON WINES LIMITED CO.



Principal Place of Business
**350 SANSOME ST. #1010
SAN FRANCISCO CA 94104**

Mailing Address
**350 SANSOME ST. #1010
SAN FRANCISCO CA 94104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2547459**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAPHAM, KEN
2418 MARATHON LANE
FT. LAUDERDALE FL 33312-4610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** Delete
NAME **MAHAGUNA, VORAPOL**
STREET ADDRESS **245 MARINA BLVD.**
CITY-ST-ZIP **SAN FRANCISCO CA 94133**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **MYERS, EARL**
STREET ADDRESS **70 TERRACE WALK**
CITY-ST-ZIP **BERKLEY CA**

TITLE **P** Change Addition
NAME **MYERS, EARL**
STREET ADDRESS **2001 CALIFORNIA ST**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **T** Delete
NAME **HU, LEO**
STREET ADDRESS **1275 COLUMBUS AVE**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **T** Change Addition
NAME **WONG, AGNES**
STREET ADDRESS **320 PENINSULA AVE**
CITY-ST-ZIP **SAN MATEO CA**

TITLE **S** Delete
NAME **GASPERI, RENATA**
STREET ADDRESS **2450 UNION ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Change Addition
NAME **WELLS, JAN**
STREET ADDRESS **3741 FARM HILL BLVD**
CITY-ST-ZIP **REDWOOD CITY CA**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(1), 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: *Renata Gasperi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renata Gasperi, Secretary 1/10/03 415-394-6454

Date Daytime Phone #

CR2E034 (10/02)