

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 047 ***150.00

DOCUMENT # P40719

1. Entity Name

WESTIN LICENSE COMPANY

Principal Place of Business

Mailing Address

777 WESTCHESTER AVE
 WHITE PLAINS NY 10604

2231 E CAMELBACK RD
 STE 400
 PHOENIX AZ 85016-3435

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

91-1539812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KLEISNER, FRED	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROZELLS, MARK	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, JAMES	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, PETER	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, DAVID	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ALPERT, PETER	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore W. Darnall	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas C. Janson, Jr.	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan M. Schnaid	
STREET ADDRESS	2231 E. Camelback Rd. #400	
CITY-ST-ZIP	Phoenix, AZ 85016	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Brown	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Morrow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Morrow 1-25-00 602/852-3900
 Date Daytime Phone #