

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40719

1. Entity Name

WESTIN LICENSE COMPANY

Principal Place of Business

777 WESTCHESTER AVE
WHITE PLAINS NY 10604

Mailing Address

2231 E CAMELBACK RD
STE 400
PHOENIX AZ 85016

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DARNALL, THEODORE W	
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	JANSON, THOMAS C JR	
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 type="checkbox"/> Delete
NAME	SCHMID, ALAN M	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BROWN, RONALD C	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Latham, James D.	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Peter Morrow

34-17-01

(602) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90327 012 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1539812**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**