

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90005 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000033291

1. Corporation Name  
 STATION 441, INC.



Principal Place of Business: 2 S ORANGE BLOSSOM TRAIL, ORLANDO FL 32805  
 Mailing Address: 2 S ORANGE BLOSSOM TRAIL, ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-28)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

3. Date Incorporated or Qualified: 04/15/1996  
 4. FEI Number: 59-3386537 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
 LATCHMAN, KAMINI  
 2 S ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32805

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: D LATCHMAN, KAMINI (DELETE)  
 NAME: LATCHMAN, KAMINI  
 STREET ADDRESS: 3336 PELL MELL RD  
 CITY-ST-ZIP: ORLANDO FL 32818  
 TITLE: Pre (DELETE)  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ (DELETE)  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ (DELETE)  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ (DELETE)  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: President (Change)  
 1.2 NAME: RAMZAN ROSHANALI (Addition)  
 1.3 STREET ADDRESS: 2 S. Orange Blossom Tr  
 1.4 CITY-ST-ZIP: Orlando, FL 32805  
 2.1 TITLE: \_\_\_\_\_ (Change)  
 2.2 NAME: \_\_\_\_\_  
 2.3 STREET ADDRESS: \_\_\_\_\_  
 2.4 CITY-ST-ZIP: \_\_\_\_\_  
 3.1 TITLE: \_\_\_\_\_ (Change)  
 3.2 NAME: \_\_\_\_\_  
 3.3 STREET ADDRESS: \_\_\_\_\_  
 3.4 CITY-ST-ZIP: \_\_\_\_\_  
 4.1 TITLE: \_\_\_\_\_ (Change)  
 4.2 NAME: \_\_\_\_\_  
 4.3 STREET ADDRESS: \_\_\_\_\_  
 4.4 CITY-ST-ZIP: \_\_\_\_\_  
 5.1 TITLE: \_\_\_\_\_ (Change)  
 5.2 NAME: \_\_\_\_\_  
 5.3 STREET ADDRESS: \_\_\_\_\_  
 5.4 CITY-ST-ZIP: \_\_\_\_\_  
 6.1 TITLE: \_\_\_\_\_ (Change)  
 6.2 NAME: \_\_\_\_\_  
 6.3 STREET ADDRESS: \_\_\_\_\_  
 6.4 CITY-ST-ZIP: \_\_\_\_\_

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99  
 Date Daytime Phone #

CR2E034 (5/99)

P96000033291  
601418-90005-41

Station 441  
2 South Orange Blossom Tr.  
Orlando, Fl. 32805

Dear Sir/Ms

As per your request this note is to let you be aware that I am re-sending my fees for the Annual Corporation Report which your office did not receive.

I had previously sent you a check in April but your records indicated that the mail was never received.

I also had my bank research the check and found that it was not cashed either.

I called your department and was not to resend the check and this notice, and the penalties will be waived.

Thank you for kind assistance.

Sincerely

  
Ramzan Roshanali