

YELLOW CAB OF MILWAUKEE, INC

Jim R. Copeland
License Division Manager
200 E. Wells St., Rm 105
Milwaukee, WI 53202

Dear Mr. Copeland:

I am requesting a hearing before the Utilities & License Committee for the following reasons:

- 1) To be allowed to operate a radio dispatching company under the name of "Yellow Cab of Milwaukee, Inc."
- 2) To be allowed to operate under the color "white".

Currently the City of Milwaukee Ordinance 100-51-7 (a-4) reserves the color "white" to Mitchell International Taxicab Association. MITA has been out of business for the past four years and we, Yellow Cab of Milwaukee, Inc. would like to be delegated the color white.

I would appreciate your handling this matter as expeditiously as possible.

Thank you!

Sincerely,



Michael L. Sanfelippo, President
Yellow Cab of Milwaukee, Inc.

2003 May 1 AM 9: 20
CITY OF MILWAUKEE
LICENSE DIVISION



STATE OF WISCONSIN
WISCONSIN DOMESTIC CORPORATION
ANNUAL REPORT

FILING FEE
\$ 40.00

2nd
QUARTER DUE June 30, 2003

01 Domestic Business H033984

YELLOW CAB OF MILWAUKEE, INC.
JOHN J GERMANOTTA
1700 N FARWELL AVE
MILWAUKEE WI 53206-1806

SAVE MONEY
Submit Your Annual Report Online
See Instructions on Back

Registered Agent _____
Street Address (required) _____
PO Box (optional) _____
City, State, Zip Code _____

Report "FILED" by indexing of locator number
for the report year: 04/01/2003 - 03/31/2004

This form is addressed to the corporation's registered agent. If a change of agent or agent's address is desired, indicate those changes above. The address of the registered office and the business office of the registered agent, as changed, will be identical.

Make check payable to:
Department of Financial Institutions
Mail to: Drawer 554
Milwaukee WI 53293-0554

1 Principal office address (if data shown in item 1 is incorrect, line out and enter changes.)
646 S 2ND ST
MILWAUKEE WI 53204

2 NAMES & BUSINESS ADDRESSES OF PRINCIPAL OFFICERS, & ALL DIRECTORS / IF ANSWER TO ANY ITEM IS NONE, SO STATE (add additional sheets, if necessary.)

TITLE	NAME	RESPECTIVE ADDRESSES (give Street & Number, City, State, & Zip code)
President	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204
Vice President		
Secretary	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204
Treasurer	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204

3 BOARD OF DIRECTORS
Michael L. Sanfelippo
646 South 2nd Street, Milwaukee, WI 53204

4 Describe the general nature of business:
 MANUFACTURING
 RETAIL
 AGRICULTURAL
 Cab Business
 (OTHER - please specify)

5 All boxes must be completed

CLASS	SERIES (IF ANY)	NUMBER OF SHARES
STOCK AUTHORIZED		
common	N/A	9,000
preferred		
6 STOCK ISSUED & OUTSTANDING		
common	N/A	100
preferred		

7 The corporation has not entered into any combination, conspiracy, trust, pool, agreement or contract intended to restrain or prevent competition in the supply or price of any article or commodity in general use in this state, or constituting a subject of trade or commerce therein, or which shall in any manner control the price of any such article or commodity, fix the price thereof, limit or fix the amount or quantity thereof to be manufactured, mined, produced or sold in said state, or fix any standard or figure by which its price shall be in any manner controlled or established.

FOR THE CORPORATION:
BY: _____
Signature of Officer _____ Date _____
Printed Name _____ Title _____

THIS ANNUAL REPORT FORM 16 is authorized by s.180 Stats., and is a **REQUIRED REPORT** under s.180.1622, Stats. Failure to file may result in administrative dissolution of the corporation. Upon the data in the report becomes public and might be used for purposes other than for which it was originally collected.