

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** UNITED STATES CORPORATION AGENTS, INC.

**Current Principal Place of Business:**

13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

7083 HOLLYWOOD BLVD.  
SUITE 180  
LOS ANGELES, CA 90028 US

**New Mailing Address:**

100 W BROADWAY  
SUITE 100  
GLENDALE, CA 91210 US

FEI Number: 95-2073977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT, LLC.  
3111 W. DR.MLK BLVD. SUITE 100-B180  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: LIU, BRIAN  
Address: 101 N BRAND BLVD 10TH FLOOR  
City-St-Zip: GLENDALE, CA 91203

Title: D  
Name: LEE, BRIAN  
Address: 101 N BRAND BLVD 10TH FLOOR  
City-St-Zip: GLENDALE, CA 91203

Title: S  
Name: RAMPENTHAL, CHAS  
Address: 101 N BRAND BLVD 10TH FLOOR  
City-St-Zip: GLENDALE, CA 91203

Title: T  
Name: KRUPICA, FRED  
Address: 101 N BRAND BLVD 10TH FLOOR  
City-St-Zip: GLENDALE, CA 91203

Title: VP  
Name: VARGHESE, JAKE  
Address: 101 N BRAND BLVD 10TH FLOOR  
City-St-Zip: GLENDALE, CA 91203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAKE VARGHESE

VP

02/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date