

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F03000002187**  
 1. Entity Name  
**A.F. ASSOCIATES, INC.**



FILED  
 FEB -5 AM 11:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 520 BROADWAY, 5TH FLOOR  
 SANTA MONICA, CA 90401

Mailing Address  
 520 BROADWAY, 5TH FLOOR  
 SANTA MONICA, CA 90401



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3752838**

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah D Skipper **Deborah D. Skipper** 2/5/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP FITZGERALD, WILLIAM R 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT R 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINGH, JAY 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NILES, WILLIAM E 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLATISA, GEORGE C 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800029955228  
 03/05/04--01030--012 \*\*150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **William E. Niles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VP & Secretary**

Date: 1-29-04 Daytime Phone #