2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90036 005 ***150.00

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1. Entity Name
FONOVISA, INC.

Principal Place of Business	Mailing Address
5820 CANOGA AVE SUITE 300 WOODLAND HILLS, CA 91367	500 FRANK W BURR BLVD 6TH FLOOR TEANECK, NJ 07666-6802

4UUU4b21

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4049485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BEHAR, JOSE
STREET ADDRESS	5820 CANOGA AVE, SUITE 300
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	VPS
NAME	CAHILL, ROBERT V
STREET ADDRESS	1999 AVE OF THE STARS,STE. 3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VT-
NAME	HINSON, JEFFREY
STREET ADDRESS	500 FRANK W. BUFF BLVD. 6TH FLOOR
CITY-ST-ZIP	TECREEK, NJ 07666
TITLE	EVP
NAME	PALACIO, DAVE
STREET ADDRESS	5820 CANOGA AVE, SUITE 300
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	VP
NAME	KRANWINKLE, C DOUGLAS
STREET ADDRESS	1999 AVE OF THE STARS,STE.3050
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/11/05 201-287-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #