

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90050 001 ***150.00

60002147



01052007 Chg-P CR2E034 (12/06)

4. FEI Number
95-2836935

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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GLAZER, ERIKA J.	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515	
CITY-ST-ZIP	BEVERLY HILLS, CA	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MALMGREN, ARTHUR G.	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515	
CITY-ST-ZIP	BEVERLY HILLS, CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GLAZER, EMERSON V.	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515	
CITY-ST-ZIP	BEVERLY HILLS, CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MELLON, VICTOR H	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 515	
CITY-ST-ZIP	BEVERLY HILLS, CA 90210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, JAMES A	
STREET ADDRESS	21370 HAWTHORNE BLVD	
CITY-ST-ZIP	TORRANCE, CA 90503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 705
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 705
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 705
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 705
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ART MALMGREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

310 786-1700
Daytime Phone #