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**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-08-1999 90058 043 \*\*\*\*150.00

**DOCUMENT # F97000002391**

1. Corporation Name  
**CARTEL MARKETING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 16501 VENTURA BLVD. SUITE 300 ENCINO CA 91436  
 Mailing Address: 16501 VENTURA BLVD. SUITE 300 ENCINO CA 91436

3. Date Incorporated or Qualified: **05/05/1997**

4. FEI Number: **95-3984169** Applied For:  Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE: **C**  DELETE  
 NAME: **HUMPHREYS, ROBERT M**  
 STREET ADDRESS: **31431 MULHOLLAND HWY**  
 CITY-ST-ZIP: **MALIBU CA 90265**

TITLE: **P**  DELETE  
 NAME: **EDELSTEIN, JACK L**  
 STREET ADDRESS: **2003 OBERLIN AVE**  
 CITY-ST-ZIP: **THOUSAND OAKS CA 91360**

TITLE: \_\_\_\_\_  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: \_\_\_\_\_  Change  Addition  
 1.2 NAME: \_\_\_\_\_  
 1.3 STREET ADDRESS: \_\_\_\_\_  
 1.4 CITY-ST-ZIP: \_\_\_\_\_

2.1 TITLE: \_\_\_\_\_  Change  Addition  
 2.2 NAME: \_\_\_\_\_  
 2.3 STREET ADDRESS: \_\_\_\_\_  
 2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE: \_\_\_\_\_  Change  Addition  
 3.2 NAME: \_\_\_\_\_  
 3.3 STREET ADDRESS: \_\_\_\_\_  
 3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_  Change  Addition  
 4.2 NAME: \_\_\_\_\_  
 4.3 STREET ADDRESS: \_\_\_\_\_  
 4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_  Change  Addition  
 5.2 NAME: \_\_\_\_\_  
 5.3 STREET ADDRESS: \_\_\_\_\_  
 5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_  Change  Addition  
 6.2 NAME: \_\_\_\_\_  
 6.3 STREET ADDRESS: \_\_\_\_\_  
 6.4 CITY-ST-ZIP: \_\_\_\_\_

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99 (818) 907-7200 X223  
 Date Daytime Phone #

CR2E034 (11/98)