## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F97000002391

1. Entity Name CARTEL MARKETING, INC.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

16501 VENTURA BLVD, SUITE 300 ENCINO, CA 91436

16501 VENTURA BLVD, SUITE 300 ENCINO, CA 91436



04032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 95-3984169 Applied For Not Applicable

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

				IN THIS STACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	a required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000893843 04/24/08-80004-003 150 00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUMPHREYS, ROBERT M 31431 MULHOLLAND HWY MALIBU, CA 90265				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDELSTEIN, JACK L 2003 OBERLIN AVE THOUSAND OAKS, CA 91360					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TiTLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEED OF PRINTED NAME OF RIGHING OFFICER OF

Jack Edelstein

4-9-08

818-907-7200

Daytime Phone #