

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37040

1. Entity Name

APPELLATION CORP.

Principal Place of Business

990 NO SIERRA
RENO NV 89503
US

Mailing Address

9700 W PICO BLVD
LOS ANGELES CA 90035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0178117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	BURCH, ROBERT D	
STREET ADDRESS	2029 CENTURY PARK E #4100	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	☐ Delete
NAME	HOOPER, RUSSELL F.	
STREET ADDRESS	9700 WEST PICO BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	STD	☐ Delete
NAME	HOLLISON, GEORGIA	
STREET ADDRESS	9700 WEST PICO BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPAS	☐ Delete
NAME	FRANKS, SUSAN	
STREET ADDRESS	9700 WEST PICO BOULEVARD	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPAS	☐ Change ☒ Addition
NAME	Susan C. Porto	
STREET ADDRESS	9700 West Pico Boulevard	
CITY-ST-ZIP	Los Angeles CA 90035	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Burch, President 1/19/01

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90152 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)