

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000025160**  
 Corporation Name  
**Premature Partners, Inc.**

Principal Place of Business      Mailing Address  
**325 Cloverdale**  
**LA, CA 90036**

**DO NOT WRITE IN THIS SPACE**

3. Date incorporated or Qualified <b>10/24/97</b>	4. FEI Number <b>91 1792611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Place of Business      Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**LA, CA**      **LA, CA**  
 Zip      Country      Zip      Country  
**90036**      **USA**      **90036**      **USA**

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

I, **Florida Incorporators**, 1221 Brickell Ave, Ste 900, Miami, FL 33131, am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME NEXT ADDRESS Y.-ST.-ZIP <b>President</b> <b>Stendy Nelson</b> <b>325 Cloverdale</b> <b>LA, CA 90036</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME NEXT ADDRESS Y.-ST.-ZIP <b>Vice President</b> <b>Jack Geist</b> <b>631 Loma Dr</b> <b>Hermosa Beach, CA 90254</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME NEXT ADDRESS Y.-ST.-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME NEXT ADDRESS Y.-ST.-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME NEXT ADDRESS Y.-ST.-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>25</b> <b>5.11</b>
LE ME NEXT ADDRESS Y.-ST.-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100002519161</b> <b>-05/11/98--01115--003</b> <b>***150.00</b>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(S)(1), Florida Statutes. I further certify that the information disclosed 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *John Geist*      **John Geist**  
 Signature, typed or printed name of signing officer or director

**4/20/98**      **310/376-0570**  
 Date      Daytime Phone #      0188081