

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90054 026 ***150.00

0656406 SP

DOCUMENT # P97000084502

1. Entity Name
KAHALA CORP.

Principal Place of Business 200 E. ROBINSON STREET SUITE 450 ORLANDO, FL 32801	Mailing Address 7730 E GREENERY RD SUITE 104 SCOTTSDALE AZ 85260
--	--

925624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7730 E. Greenway Rd.	3. Mailing Address 7730 E. Greenway Rd.
Suite, Apt. #, etc. Suite #104	Suite, Apt. #, etc. Suite #104
City & State Scottsdale, AZ	City & State Scottsdale, AZ
Zip 85210	Zip 85260
Country USA	Country USA

4. FEI Number 59-3474394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE _____ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKWELL, KEVIN 7730 EAST GREENWAY RD., SUITE 203 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUARINO, DAVID 7730 E GREENWAY RD., SUITE 203 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REAGAN, MICHAEL 7730 E GREENWAY RD., SUITE 203 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLACKWELL, KATHRYN 7730 E GREENWAY RD., SUITE 203 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLISS, ROBERT 1950 VAUGHN RD KENNESAW GA 30144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATO, DON 6934 E 5TH AVENUE SCOTTSDALE AZ 85251 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip Trimbach 8490 Sunset Blvd; Ste #610 West Hollywood, CA 90069-1912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexandria Phillips 2041 Rosecrans Avenue; Ste. # 363 El Segundo, CA 90245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harry Shah 6677 N. Lincoln Ave Lincolnwood, IL 60712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kathryn Blackwell 7730 E. Greenway Rd., Ste. #104 Scottsdale, AZ 85260 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED Michael Reagan - VP Gen Counsel 1/29/02 443-0200 K18
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/01)