

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **260418**

Entity Name
HomeSpace Services, Inc.

FILED
01 APR 24 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | | | |
|--|----------------|--|----------------|
| Principal Place of Business | | Mailing Address | |
| c/o Bob Yahiro | | c/o Bob Yahiro | |
| Rodi, Pollock, Pettker 444 So Flower St, Ste 1700 | | Rodi, Pollock, Pettker 444 So Flower St, Ste 1700 | |
| City & State Los Angeles, CA | | City & State Los Angeles, CA | |
| Zip 90071-2901 | Country USA | Zip 90071-2901 | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 752609633 | 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 | | 7. Name and Address of New Registered Agent | |
| Perry Douglas West 1270 Orange Avenue, Ste. A Winter Park, Florida 32789 | | Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue City Tallahassee FL Zip Code 32301 | |

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 *C Balet* **C Balet, vice president** **April 23, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

| 1. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|--|--|
| TITLE PCOD | NAME Eric H. Cunliffe | TITLE CEO/T/S/D/C/P | NAME Henry T. DeNero |
| STREET ADDRESS 5680 Greenwood Plaza Blvd, Ste 500 | CITY-ST-ZIP Englewood, CA 80111 | STREET ADDRESS 225 Lake Avenue, Ste 1000 | CITY-ST-ZIP Pasadena, CA 91101 |
| TITLE SGC | NAME Robert A. Yahiro | TITLE D | NAME Gerald Poch |
| STREET ADDRESS 251 So Lake Ave, Ste 1000 | CITY-ST-ZIP Pasadena, CA 91101 | STREET ADDRESS c/o Bob Yahiro @ Rodi, Pollock, Pettker | CITY-ST-ZIP 444 So Flower St, Ste 1700, LA, CA 90071 |
| TITLE T/CFO | NAME Brian McLaughlin | TITLE D | NAME Stephen Dietz |
| STREET ADDRESS 251 Lake Ave, Ste 1000 | CITY-ST-ZIP Pasadena, CA 91101 | STREET ADDRESS c/o Bob Yahiro @ Rodi, Pollock, Pettker | CITY-ST-ZIP 444 So Flower St, Ste 1700, LA, CA 90071 |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |

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 officers empowered.

SIGNATURE: *Henry T. DeNero* **Henry T. DeNero, Chief Executive Officer** **February 22, 2001**
Signature and typed or printed name of signing officer or director Date Daytime Phone #