

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003860

Entity Name: FONOVisA, INC.**Current Principal Place of Business:**2100 COLORADO AVENUE
SANTA MONICA, CA 90404**Current Mailing Address:**2100 COLORADO AVENUE
SANTA MONICA, CA 90404 US**FEI Number:** 95-4049485**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HARLESTON, JEFFREY S.
Address	2100 COLORADO AVENUE
City-State-Zip:	SANTA MONICA CA 90404

Title	DIRECTOR
Name	BEEKMAN, JW
Address	2100 COLORADO AVENUE
City-State-Zip:	SANTA MONICA CA 90404

Title	PRESIDENT
Name	GERSON, JODY
Address	2100 COLORADO AVENUE
City-State-Zip:	SANTA MONICA CA 90404

Title	SECRETARY
Name	GOLD, SHERYL L.
Address	2100 COLORADO AVENUE
City-State-Zip:	SANTA MONICA CA 90404

Title	TREASURER
Name	FLOWERS, EVANGELINE S.
Address	2100 COLORADO AVENUE
City-State-Zip:	SANTA MONICA CA 90404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL L. GOLD**SECRETARY****03/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date