

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 28 AM 9:29

DOCUMENT # 287785

(0)

1. Corporation Name

DODGERTOWN, INC.

Principal Place of Business

4001 26TH ST
P.O. BOX 2887
VERO BEACH FL 32961-9887

Mailing Address

4001 26TH ST
P.O. BOX 2887
VERO BEACH FL 32961-9887

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1964

3a. Date of Last Report

03/01/1994

4. FEI Number

59-1112891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	SEIDLER, THERESE O'MALLE
STREET ADDRESS	1000 EYLSIAN PARK AVE
CITY - ST - ZIP	LOS ANGELES, CA 00000
TITLE	V
NAME	GRAZIANO, ROBERT V.
STREET ADDRESS	1000 EYLSIAN PARK AVE
CITY - ST - ZIP	LOS ANGELES CA
TITLE	PD
NAME	O'MALLEY, PETER
STREET ADDRESS	1000 EYLSIAN PARK AVE
CITY - ST - ZIP	LOS ANGELES, CA 00000
TITLE	VD
NAME	SEIDLER, ROLAND, JR
STREET ADDRESS	1000 EYLSIAN PARK AVE
CITY - ST - ZIP	LOS ANGELES, CA 00000
TITLE	ASC
NAME	FERNANDEZ, SANTIAGO
STREET ADDRESS	1000 EYLSIAN PARK AVE
CITY - ST - ZIP	LOS ANGELES CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an addendum with an address.

SIGNATURE:

Robert V. Graziano

Robert V. Graziano, V.P.

6/13/95

213-224-1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

CR2E034 (3/95)