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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **287785** **(0)**

1. Corporation Name
DODGERTOWN, INC.

Principal Place of Business	Mailing Address
4001 26TH ST P.O. BOX 2687 VERO BEACH FL 32961-9687	4001 26TH ST P.O. BOX 2687 VERO BEACH FL 32961-2687

3. Date Incorporated or Qualified: **12/14/1964**
3a. Date of Last Report: **02/20/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	V	☐ Change XX Addition
NAME	SEIDLER, THERESE O'MALLE		1.2 NAME	CLAIRE, FREDRIC M.	
STREET ADDRESS	1000 EYLSIAN PARK AVE		1.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP	LOS ANGELES, CA 00000		1.4 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change XX Addition
NAME	GRAZIANO, ROBERT V.		2.2 NAME	AVILA, RALPH	
STREET ADDRESS	1000 ELYSIAN PARK AVE		2.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	PD	☐ DELETE	3.1 TITLE	V	☐ Change XX Addition
NAME	O'MALLEY, PETER		3.2 NAME	HAWKINS, THOMAS	
STREET ADDRESS	1000 EYLSIAN PARK AVE		3.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP	LOS ANGELES, CA 00000		3.4 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	VD	☐ DELETE	4.1 TITLE	V	☐ Change XX Addition
NAME	SEIDLER, ROLAND, JR		4.2 NAME	BLANEY, CHARLES	
STREET ADDRESS	1000 EYLSIAN PARK AVE		4.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP	LOS ANGELES, CA 00000		4.4 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	ASC	☐ DELETE	5.1 TITLE	V	☐ Change XX Addition
NAME	FERNANDEZ, SANTIAGO		5.2 NAME	STOCKHAMER, BARRY	
STREET ADDRESS	1000 ELYSIAN PARK AVE		5.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE		☐ DELETE	6.1 TITLE	AT	☐ Change XX Addition
NAME			6.2 NAME	FOLTZ, WILLIAM M., JR.	
STREET ADDRESS			6.3 STREET ADDRESS	1000 Elysian Park Avenue	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Los Angeles, CA. 90012	

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ Robert V. Graziano 2/4/97 213-224-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106137