03171999-90002-029-$300.00-$150.00

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90002 029 ***300.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **287785**

1. Corporation Name
DODGERTOWN, INC.

Principal Place of Business	Mailing Address
4001 26TH ST P.O. BOX 2887 VERO BEACH FL 32961-9887	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**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 33

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	V	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	CLAIRE, FREDRIC		12 NAME	Robert V. Graziano	
STREET ADDRESS	1000 ELYSIAN PARK AVE		13 STREET ADDRESS	1000 Elysian Park Ave.	
CITY-ST-ZIP	LOS ANGELES CA 90012		14 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	V	☐ DELETE	21 TITLE	S	☐ Change ☒ Addition
NAME	AVILA, RALPH		22 NAME	Santiago Fernandez	
STREET ADDRESS	1000 ELYSIAN PARK AVE		23 STREET ADDRESS	1000 Elysian Park Ave.	
CITY-ST-ZIP	LOS ANGELES CA 90012		24 CITY-ST-ZIP	Los Angeles, CA. 90012	
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, THOMAS		32 NAME		
STREET ADDRESS	1000 ELYSIAN PARK AVE		33 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90012		34 CITY-ST-ZIP		
TITLE	V	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BLANEY, CHARLES		42 NAME		
STREET ADDRESS	1000 EYLSIAN PARK AVE		43 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 00000 90012		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	STOCKHAMER, BARRY		52 NAME		
STREET ADDRESS	1000 ELYSIAN PARK AVE		53 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90012		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LASORDA, THOMAS		62 NAME		
STREET ADDRESS	1000 ELYSIAN PARK AVE		63 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90012		64 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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 attached with an address, with all other like empowered.

SIGNATURE: _____ 4/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT GRAZIANO