


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # 287785 1. Entity Name FOX TOWN HOLDCO, INC.	
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Principal Place of Business 10201 W PICO BLVD LOS ANGELES, CA 90035	Mailing Address P.O. BOX 900 ATTN: TAX DEPT. BEVERLY HILLS, CA 90213
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<b>DO NOT WRITE IN THIS SPACE</b>
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02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1112891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCIQUERRA, ANTHONY 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MUIER, DAVID 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KENDER, RANDALL 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRISH, RAYMOND L 10201 W PICO BLVD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000356652 05/04/05-80043-001 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond L. Parrish 4/13/2005 (310) 369-1557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #