2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

| ANNUAL REPORT | | | | | Apr 24, 2008 083 | | | | |
|---|--|--|----------------|----|--|------------------------|----------------------|--|--|
| 1. Entity Nan | MENT # 287785 NN HOLDCO, INC. | | | | | | Secre | etary of S | |
| 10201 W PICO BLVD LOS ANGELES, CA 90035 | | Mailing Address P.O. BOX 900 ATTN: TAX DEPT. BEVERLY HILLS, CA 90213 | | | ! | | | Ne anak andharan: 1881 | |
| ugʻi ir da | The state of the s | | | | 04022008 | No Chg-P | CR2E034 | | |
| | OO NOT WRITE | IN THIS SPA | CE | | 4. FEI Numbe 59-1112 | | | Applied For Not Applicable | |
| , | | | | | | of Status Desired | | 75 Additional Required | |
| | 6. Name and Address of Current Rep | gistered Agent | , , | | | | ed , fae | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | . 1 | | | NOT W | | | |
| | named entity submits this statement for the tions of registered agent. Signature typed or printed name of registered agent and to | | ed office or r | | | n, in the State of Flo | rida. I am fami | liar with, and accept | |
| FiL After M | E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | | | | 00 May Be od to Fees | | | | |
| 10. | OFFICERS AND DIF | ECTORS | J | | • | , | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VINCIQUERRA, ANTHONY 10201 W PICO BLVD LOS ANGELES, CA 90035 | | g-i | | , s. t.a. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT MILLER, DAVID 10201 W PICO BLVD LOS ANGELES, CA 90035 | | | ٠, | | _{.:} 05/13/0 | 00918103 8-80069- | 016 150.00 | |
| TUTLE NAME STREET ADDRESS CITY-ST-ZIP | AS KENDER, RANDALL 10201 W PICO BLVD LOS ANGELES, CA 90035 | | | | • | NOT W | | | |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP | V PARRISH, RAYMOND L 10201 W PICO BLVD LOS ANGELES, CA 90035 | | , † | | | THIS SP | | g e e sjerske | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | • | Carlotte a pro- | 13. T. a | $\prod_{\substack{t=0\\t\in S_t}}^{t} (t,t) = (t,t)$ | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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: Aumond & Tarusk KAI

TITLE

STREET ADDRESS CITY-ST-ZIP

208

Daylime Phone #