

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 001 \*\*\*300.00

DOCUMENT # 565945

1. Corporation Name

TMP Holdings, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/31/78

4. FEI Number

34-0141330

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

21 220 W. 1st Street

Suite, Apt. #, etc.

22 City & State

Los Angeles, CA

Zip

Country

90012

25

USA

2a. Mailing Address c/o Maryann Tiger

26 220 W. 1st Street

Suite, Apt. #, etc.

27 5th Floor

City & State

28 Los Angeles, CA

Zip

Country

90012

30

USA

9. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P ☐ DELETE

NAME William A. Niese

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE D/VP/T ☐ DELETE

NAME Debra A. Gastler

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE D/S ☐ DELETE

NAME James Imbriaco

STREET ADDRESS Two Park Avenue

CITY-ST-ZIP New York, NY 10016

TITLE A/S ☒ DELETE

NAME Philip E. Kucera

STREET ADDRESS Two Park Avenue

CITY-ST-ZIP New York, NY 10016

TITLE AT ☐ DELETE

NAME William G. Barker

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE AS ☐ DELETE

NAME William H. Barlow

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Barlow 4/23/99

Date

(213) 237-3843

Daytime Phone #