

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709048

Entity Name: THE PROSPEROS

FILED
Aug 24, 2004
Secretary of State

Current Principal Place of Business:

4234 OVERLAND AVE.
PO BOX 4969
CULVER CITY, CA 902303736

New Principal Place of Business:

Current Mailing Address:

4234 OVERLAND AVE.
PO BOX 4969
CULVER CITY, CA 902303736

New Mailing Address:

FEI Number: 23-7282544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEIL, RON
1799 SEMINOLE BLVD #45
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TANSWELL, PAUL
Address: 4234 OVERLAND AVE
City-St-Zip: CULVER CITY, CA 90230

Title: VD () Delete
Name: MALANAPHY, HUGH JOHN
Address: 4234 OVERLAND AVE
City-St-Zip: CULVER CITY, CA 90230

Title: SD () Delete
Name: CARTER, CAROL
Address: 4234 OVERLAND AVE
City-St-Zip: CULVER CITY, CA 90230

Title: T () Delete
Name: BOLLMAN ANNE,
Address: 11730 WASHINGTON BLVD #15
City-St-Zip: LOS ANGELES, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOLLMAN, ANNE
Address: 11730 WASHINGTON BLVD #15
City-St-Zip: LOS ANGELES, CA 90066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE BOLLMAN

T

08/24/2004

Electronic Signature of Signing Officer or Director

Date