

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90138 017 \*\*\*150.00

**DOCUMENT # 826971**

1. Entity Name  
FOX BSB HOLDCO, INC.



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

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
95-1963338

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TVP  
VINICQUERRA, ANTHONY  
10201 W PICO BLVD.  
LOS ANGELES, CA 90035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PARRISH, RAYMOND L *PARRISH*  
10201 W PICO BLVD.  
LOS ANGELES, CA 90035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
MILLER, DAVID  
10201 W PICO BLVD.  
LOS ANGELES, CA 90035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
KENDER, ROXANNE *RANDALL*  
10201 W PICO BLVD.  
LOS ANGELES, CA 90035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raymond L. Parrish* 4/13/2005 (310) 369-1557