2	2007 FOR PROF	FILED Feb 16, 2007 8:00 am Secretary of State					
1. Entity Nam	MENT # 833576 COMPANY, INC.					00038 019 ***15	
Principal Place of Business 1150 S OLIVE ST STE T-2100 LOS ANGELES, CA 90015 US		Mailing Address 1150 S OLIVE ST STE T-2100 LOS ANGELES, CA 90015 US		70018520			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01192007	01192007 Chg-P CR2E034 (12/06)		
City & Stat	lθ	City & State		4. FEI Number 95-27759			Applied For Not Applicable
Zip	Country	Ζίρ	Country	5. Certificate of			dditional
<u> </u>	6. Name and Address of Curren	t Registered Agent		7. Name and Ac	dress of New R	· · · · · · · · · · · · · · · · · · ·	
1200 S. PI	ORATION SYSTEM INE ISLAND ROAD ION, FL 33324		Street Address	(P.O. Box Number i	s Not Acceptable	»}	
			City			FL Zip Co	de
-	tions of registered agent.						
	Signature, typed or printed name of registered age	9. Election Camp		5.00 May Be		DATE	
FiL After M	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor	aign Financing \$	5.00 May Be Ided to Fees			
FIL Aftør M. 10. Title NAME STREET ADORESS	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AN: S VEACH, JAMES J 1150 S OLIVE ST	9. Election Camp Trust Fund Cor	aign Financing \$; htribution. Ad	5.00 May Be Ided to Fees	IANGES TO OFFI	DATE	_
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1. Entity Name	ENT # 833576				
Principal Place of E 1150 S OLIVE ST STE T-2100 LOS ANGELES, CA	4 90015 US	Mailing Address 1350 S OLIVE ST STE T-2100 LOS ANGELES, CA 900	15 US .	- - HOO 192	53
	of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, et	с.	Suite, Apt. #, etc.		01192007 Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Number 95-2775959	
Zip	Country	Zip	Country	5. Certificate of Status Desire	ad Fee Require
6	. Name and Address of Current I	Registered Agent	Name	7. Name and Address of Ne	
PLANTATION	ISLAND ROAD I, FL 33324				·
the obligations	ned entity submits this statement for of registered agent. ature, typed or printed name of registered agent a		City registered office or reg	istered agent, or both, in the State o	FL Zip Coc of Florida. I am familiar with
the obligations SIGNATURE	of registered agent.	und hite if applicable. (NOTI 9. Election Campai Trust Fund Cont	registered office or reg	• · · · · · · · · · · · · · · · · · · ·	DATE
the obligations SIGNATURE SIGNATURE FILE N After May 1 10. TITLE NAME STREET ADDRESS 11	of registered agent. ature, typed or printed name of registered agent a IOWIII FEE IS \$150.00 1, 2007 Fee will be \$550.0	und hite if applicable. (NOTI 9. Election Campai Trust Fund Cont	registered office or reg	quired when reinstating) \$5.00 May Be Added to Fees	DATE
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