FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am **GOCUMENT #855832 Secretary of State** 1. Entity Name CENTURY NATIONAL PROPERTIES INCORPORATED 01-30-2001 90046 040 ***150.00 Principal Place of Business Mailing Address 2200 SYLVAN ST 12200 SYLVAN ST NORTH HOLLYWOOD CA 91606 NORTH HOLLYWOOD CA 91606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-3677269 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOUCKS, WILLIAM E ESO Street Address (P.O. Box Number is Not Acceptable) SMITH, HOOD, PERKINS, LOUCKS, STOUT ETAL 444 SEABREEZE BLVD. STE. 900 **DAYTONA BEACH FL 32118** Zin Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00 ☐ Change Addition TITLE Delete TITLE WILSON, WELDON NAME NAME STREET ADDRESS 3930 ALOMAR DR STREET ADDRESS CITY-ST-7IP SHERMAN OAKS CA CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change GIBBONS, BRIAN NAME NAMÉ STREET ADDRESS 70 TESSERA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOOTHILL RANCH CA 92610 Change ☐ Addition TITLE ☐ Delete TITLE BALICKI, MARIE NAME NAME STREET ADDRESS 19925 LANARK STREET STREET ADDRESS CITY-ST-ZIP CANOGA PARK CA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSBORN, JUDITH NAME NAME STREET ADDRESS 7134 POMELO DRIVE STREET ADDRESS CITY-ST-ZIP WEST HILLS CA 91307 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KRAMER, LAWRENCE NAME NAME 1350 CAPRI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACIFIC PALISADES CA Delete TITLE ☐ Change □ Addition TITLE NAME RIGNEY, WILLIAM D III NAME 12940 HARTSOOK STREET STREET ADDRESS STREET ADDRESS SHERMAN OAKS CA CITY-ST-ZIP

.13. 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 11 or Block 12 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

Marie Balicki

818-760-0880