## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNOA	_							
1. Entity Nam	MENT # F00000000 tions, inc.	6193	93			FILED  05 JUL 26 PH 2:			
Principal Place	e of Business			7	يوم والمرازية	والمتأنب	i size LELORI		
131 BELLE FOREST CIRCLE, SUITE 210 NASHVILLE, TN 37221		131 BELLE FOREST CIRCLE, SUITE 210 NASHVILLE, TN 37221			ALLA	HASSEE	, FLCRI	ADGA	
<ol> <li>Principal P</li> <li>1250 4th</li> </ol>	lace of Business Street	3. Mailing Address 1250 4th Street							
Suite, Apt. #, etc. Suite 550		Suite, Apt. #, etc. Suite 550			06152005	Chg-P	CR2E03	34 (10/03)	
City & State Santa Monica, CA		City & State Santa Monica, CA	Santa Monica, CA			4. FEI Number Applied For 62-1800604 Not Applicable			
Zip 90401	1		Coun USA	•	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
30401	6. Name and Address of Current Registered Agent		USA	7. Name and Address of New Registered Agent					,
	6. Name and Address of Curren	Name C T Corporation							
NRAI SER	VICES, INC.								
2731 EXECUTIVE PARK DRIVE				Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
SUITE 4 WESTON	FI 33331	1200 Godsti ilie island Noad							
WESTON, FL 33331				City Zip Cade _					
5 Th				Plantation FL 33324					
8. The above named entity submits this statement for the curpose 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.									
	70,/0	AS	SISTAN	IT SECRETARY	u .	٠, ١	12.16	~	
SIGNATURE ASSISTANT SECRETARY Signature, typed or printed rulne of registered agent and trille includable (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Financing  \$5.00 May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	OFFICERS ANI	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	SIN 11
TITLE	CP K Delete IIIL			Ch	hief Executive Officer/D ☐ Change ☒ Addition				
NAME	WILSON, MARGARET MARY			'''	nomas A. Heymann				
· · ·					250 4th St., 6th Floor Santa Monica, CA 90401				
				<del></del>		JA 90401			57 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE NAME	D Delete TIME				S/D ☐ Change ☒ Addition  Stanley E. Maron				
STREET ADDRESS	·			Address 1250 4th St., Suite 550					
CITY-ST-/IP					nta Monica, C				
TITLE	D Delete Titt			CF	<del>.</del>			Change	
NAME	KAPLAN, HAL NAM								
STREET ADDRESS				ADDRESS 650 NE Holladay, Suite 1400					
CITY-ST-ZIP				<del></del>	rtland, OR 97	232			
title Name	D NCOBS IOEV	🖄 Delete	TITLE	1 '	C V-I	_		Change	
STREET ADDRESS	JACOBS, JOEY  113 SEABOARD LANE				Elanna S. Yalow 4340 Redwood Hwy., Bldg. B				
CITY-ST-ZIP					n Rafael, CA	, .			
TITLE	S	<b>⊠</b> Delete	TITLE	Ε				☐ Change	Addition
NAME	CONNER, BRADLY W			E		noced	u≘45	33	
STREET ADDRESS	·			ET ADDRESS	300058484593 08/11/0501046019 **150.00				
CITY-ST-ZIP			-ST-ZIP		- Secretary Secretary				
TITLE NAME	D LAUERWALD ERIC	Detele	TITLE	I				Change	☐ Addition
STREET ADDRESS	· ·			ET ADDRESS					ł
CITY-ST-ZIP	NEW YORK, NY 10022			-St-ZIP					
12. I hereby certify that the information supplied with this time 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 emportered 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. The all other like empowered.									
$(V_0, S_0)$									
SIGNATURE: 6/20/2005									