

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91379 002 \*\*\*\*61.25

**DOCUMENT # F00000006956**

1. Entity Name  
**PROJECT CUDDLE, INC.**



Principal Place of Business

**2973 HARBOR BLVD., #326  
COSTA MESA CA 92626**

Mailing Address

**2973 HARBOR BLVD., #326  
COSTA MESA CA 92626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0486176**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLT, PATRICIA  
6167 SW SECOND STREET  
MARGATE FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **MAGNUSEN, DAVID**  
STREET ADDRESS **1075 CORONA LANE**  
CITY-ST-ZIP **COSTA MESA CA 92626**

☐ Change ☒ Addition  
TITLE **President of the Board**  
NAME **Andy Leelha**  
STREET ADDRESS **4368 Hayman Ave.**  
CITY-ST-ZIP **LaCanada CA 91011**

D ☐ Delete  
NAME **HINDS, SHEL**  
STREET ADDRESS **1711 E BAY AVE**  
CITY-ST-ZIP **LONG BEACH CA 90806**

☐ Change ☒ Addition  
TITLE **Vice President**  
NAME **Edward Idell**  
STREET ADDRESS **4334 Colbatn Ave.**  
CITY-ST-ZIP **Sherman Oaks CA 91423**

P ☒ Delete  
NAME **LAZARUS, STEVEN**  
STREET ADDRESS **9841 AIRPORT BLVD # 1200**  
CITY-ST-ZIP **LOS ANGELES CA 90045**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **BRONSTEIN, LLOYD**  
STREET ADDRESS **3901 HIGHLAND AVE #8**  
CITY-ST-ZIP **MANHATTAN BEACH CA 90266**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☒ Delete  
NAME **BOND, JEFF**  
STREET ADDRESS **2250 BRAMBLING LANE**  
CITY-ST-ZIP **PASADENA CA**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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 REQUIRED**

*April 23rd 2003 714-422-9681*

CR2E037 (10/02)