

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001521

1. Entity Name  
KRONENBERG CHRONICLES, INC.



Principal Place of Business  
10201 WEST PICO BLVD.  
LOS ANGELES, CA 90035

Mailing Address  
ATTN: TAX DEPARTMENT  
P.O. BOX 900  
BEVERLY HILLS, CA 90213



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-4848608

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	VAT PARRISH, RAYMOND L 10201 WEST PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL BARRIO, JON 10201 WEST PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCH, K. RUPERT 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISKIND, ARTHUR M 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, THOMAS 10201 WEST PICO BOULEVARD LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11070009360341  
05/05/05-80028-021 150.00

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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 another like empowered.

SIGNATURE: *Raymond L. Parrish* RAYMOND L. PARRISH 4/26/2005 (310) 869-1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #