

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90493 011 \*\*\*150.00

0657003  
AT

**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**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **95-4848608**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VAT** ☐ Delete  
**NAME** **PARRISH, RAYMOND L**  
**STREET ADDRESS** **10201 WEST PICO BLVD.**  
**CITY-ST-ZIP** **LOS ANGELES CA 90035**

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

**TITLE** **AS** ☐ Delete  
**NAME** **DEL BARRIO, JON**  
**STREET ADDRESS** **10201 WEST PICO BLVD.**  
**CITY-ST-ZIP** **LOS ANGELES CA 90035**

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

**TITLE** **AS** ☒ Delete  
**NAME** **GRONICH, DAPHNE**  
**STREET ADDRESS** **10201 WEST PICO BLVD.**  
**CITY-ST-ZIP** **LOS ANGELES CA 90035**

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

**TITLE** **D** ☐ Delete  
**NAME** **MURDOCH, K. RUPERT**  
**STREET ADDRESS** **1211 AVENUE OF THE AMERICAS**  
**CITY-ST-ZIP** **NEW YORK NY 10036**

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

**TITLE** **D** ☐ Delete  
**NAME** **SISKIND, ARTHUR M**  
**STREET ADDRESS** **1211 AVENUE OF THE AMERICAS**  
**CITY-ST-ZIP** **NEW YORK NY 10036**

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

**TITLE** **D** ☐ Delete  
**NAME** **ROTHMAN, THOMAS**  
**STREET ADDRESS** **10201 WEST PICO BOULEVARD**  
**CITY-ST-ZIP** **LOS ANGELES CA 90035**

**TITLE** ☐ Change ☐ Addition  
**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/2003** **(310) 369-4061**

Date

Daytime Phone #

CR2E034 (10/02)