

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000006651

1. Entity Name  
COHEN BROWN MANAGEMENT GROUP, INC.



Principal Place of Business  
11444 W. OLYMPIC BLVD., 5TH FLOOR  
LOS ANGELES, CA 90064

Mailing Address  
11444 W. OLYMPIC BLVD., 5TH FLOOR  
LOS ANGELES, CA 90064



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-3372818

Applied For  
Not Applicable

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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	CD
NAME	BROWN, EDWARD G
STREET ADDRESS	11444 W. OLYMPIC BLVD., 5TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	V
NAME	RICCA, LORA
STREET ADDRESS	11444 W. OLYMPIC BLVD., 5TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	CD
NAME	COHEN, MARTIN L
STREET ADDRESS	11444 W. OLYMPIC BLVD., 5TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	CFO
NAME	RUBINSTEIN, RUBEN S
STREET ADDRESS	11444 W. OLYMPIC BLVD., 5TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000287626  
04/04/05-80076-008 150.00

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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)(f), 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

3/31/2005

Date

310-966-1001

Daytime Phone #