

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90043 011 \*\*\*150.00

DOCUMENT # F02000001958

1. Entity Name

AIRESPRING, INC.



Principal Place of Business

15350 SHERMAN WAY #492  
VAN NUYS CA 91406

Mailing Address

15350 SHERMAN WAY #492  
VAN NUYS CA 91406

2. Principal Place of Business

6060 SEPULVEDA BLVD.

Suite, Apt. #, etc.

VAN NUYS, CA

City & State

3. Mailing Address

6060 SEPULVEDA BLVD.

Suite, Apt. #, etc.

VAN NUYS, CA

City & State

Zip  
91411

Country  
USA

Zip  
91411

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

95-4862910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete  
NAME LONSTEIN, AVI  
STREET ADDRESS 4825 GAYNOR AVENUE 6060 SEPULVEDA BLVD STE 220  
CITY-ST-ZIP ENCINO CA 91436 VAN NUYS, CA 91411

TITLE DV ☐ Delete  
NAME LONSTEIN, TONY CHARLES  
STREET ADDRESS 4825 GAYNOR AVENUE 6060 SEPULVEDA BLVD STE 220  
CITY-ST-ZIP ENCINO CA 91436 VAN NUYS, CA 91411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

2-23-04

818-786-8990

Date

Daytime Phone #