

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147969 AB

DOCUMENT # F02000005468

1. Entity Name
XXCAL, INC.



FILED

03 OCT 30 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5730 BUCKINGHAM PARKWAY
CULVER CITY CA 90230

Mailing Address
5730 BUCKINGHAM PARKWAY
CULVER CITY CA 90230



2. Principal Place of Business

3. Mailing Address

24007 Ventura Blvd. Ste. 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 200

City & State

City & State

Calabasas, CA

Zip

Country

Zip

Country

91302 USA

4. FEI Number 95-3112285

Applied For

Not Applicable

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

NATIONAL CORPORATE RESEARCH, LTD. INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32301

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 *Wayne Rafanelli, VP of National Corporate Research, Ltd. Inc.*

10/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME HOFFMAN, MARVIN
STREET ADDRESS 5730 BUCKINGHAM PARKWAY
CITY-ST-ZIP CULVER CITY CA 90230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE WV
NAME SCHONEMAN, BILL
STREET ADDRESS 5730 BUCKINGHAM PARKWAY
CITY-ST-ZIP CULVER CITY CA 90230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME BLONDER, LLOYD
STREET ADDRESS 5730 BUCKINGHAM PARKWAY
CITY-ST-ZIP CULVER CITY CA 90230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03 818-591-0776

Date

Daytime Phone #

CR2E034 (4/03)