

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90011 033 \*\*\*158.75

**DOCUMENT # F02000006322**

1. Entity Name  
**SCY, INC.**



Principal Place of Business  
**11100 SANTA MONICA BLVD., STE. 300  
LOS ANGELES, CA 90025**

Mailing Address  
**11100 SANTA MONICA BLVD., STE. 300  
LOS ANGELES, CA 90025**

**44047718**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

**95-4479735**

Applied For

Not Applicable

5. Certificate of Status Desired.



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE, FL 32303**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **COLLINS, BRIAN J**  
STREET ADDRESS **1111 BRICKELL AVE.**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **TURNER, ANDREW L**  
STREET ADDRESS **10445 FOURTH ST. NW**  
CITY-ST-ZIP **ALBUQUERQUE, NM 87114**

TITLE **D** ☐ Delete  
NAME **NORRIS, CHARLES A**  
STREET ADDRESS **481 DENSLOW AVE.**  
CITY-ST-ZIP **LOS ANGELES, CA 90049**

TITLE **D** ☐ Delete  
NAME **VASILAKOS, GEORGE J**  
STREET ADDRESS **3815 S. JONES BLVD., STE. 7**  
CITY-ST-ZIP **LAS VEGAS, NV 89103**

TITLE **D** ☐ Delete  
NAME **LICKLIDER, REX**  
STREET ADDRESS **11100 SANTA MONICA BLVD. SUITE 300**  
CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE **D** ☒ Delete  
NAME **FRANCINI, NANETTE P**  
STREET ADDRESS **11100 SANTA MONICA BLVD. SUITE 300**  
CITY-ST-ZIP **LOS ANGELES, CA 90025**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D** ☐ Change ☒ Addition  
NAME **Talla, Michaela**  
STREET ADDRESS **11100 Santa Monica Blvd, Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jeffries, Christopher M.**  
STREET ADDRESS **11100 Santa Monica Boulevard, Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ferraro, Charles J.**  
STREET ADDRESS **11100 Santa Monica Blvd., Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **P** ☐ Change ☒ Addition  
NAME **Swain, Philip J.**  
STREET ADDRESS **11100 Santa Monica Blvd., Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **S** ☐ Change ☒ Addition  
NAME **Barberio, Lois**  
STREET ADDRESS **11100 Santa Monica Boulevard, Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **CFO** ☐ Change ☒ Addition  
NAME **O'Brien, Timothy**  
STREET ADDRESS **11100 Santa Monica Boulevard, Suite 300**  
CITY-ST-ZIP **Los Angeles, CA 90025**

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:

*Lois Barberio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2004

Date

310-479-5200

Daytime Phone #