

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005558

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

**Entity Name:** 215 CELEBRATION PLACE, INC.

**Current Principal Place of Business:**

4400 MACARTHUR BLVD STE 720  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

4400 MACARTHUR BLVD STE 720  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

**FEI Number:** 72-1606644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: HARRIS, WILLIAM  
Address: 4400 MACARTHUR BLVD STE 720  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DP ( ) Delete  
Name: BELL, JAMES  
Address: 4400 MACARTHUR BLVD STE 720  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DST ( ) Delete  
Name: EVERLY, MICHAEL  
Address: 4400 MACARTHUR BLVD STE 720  
City-St-Zip: NEWPORT BEACH, CA 92660

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: DICORPO, PETER  
Address: 515 S. FLOWER STREET, 31ST FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: EVERLY, MICHAEL  
Address: 515 S. FLOWER STREET, 31ST FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BELL

DP

02/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date