# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 18, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # F07000003300

1. Entity Name
J. NED, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6233 HOLLYWOOD BLVD<br>LOS ANGELES, CA 90028 | 6233 HOLLYWOOD BLVD<br>LOS ANGELES, CA 90028 |

07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3054543

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 James Ewing / VP-Finance 07/09/08
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 12, 2008**

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 | DC |
| NAME | NEDERLANDER, JAMES M |
| STREET ADDRESS | 1450 BROADWAY |
| CITY-ST-ZIP | NEW YORK, NY 10018 |
| TITLE | DP |
| NAME | NEDERLANDER, JAMES L |
| STREET ADDRESS | 1450 BROADWAY |
| CITY-ST-ZIP | NEW YORK, NY 10018 |
| TITLE | DEVP |
| NAME | SCANDALIOS, NICHOLAS G |
| STREET ADDRESS | 1450 BROADWAY |
| CITY-ST-ZIP | NEW YORK, NY 10018 |
| TITLE | DS |
| NAME | MALKIN, DAVID |
| STREET ADDRESS | 950 THIRD AVE 32ND FLOOR |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/18/08-80002-026 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** James Ewing VP-Finance 07/09/08 323 468-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #