

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003611

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** ARTISAN RELEASING INC.

**Current Principal Place of Business:**

2700 COLORADO AVE SUITE 200  
SANTA MONICA, CA 90404

**New Principal Place of Business:**

2700 COLORADO AVE  
SUITE 200  
SANTA MONICA, CA 90404

**Current Mailing Address:**

2700 COLORADO AVE SUITE 200  
ATTN: TAX DEPT.  
SANTA MONICA, CA 90404

**New Mailing Address:**

2700 COLORADO AVE  
SUITE 200, ATTN: TAX DEPT.  
SANTA MONICA, CA 90404

**FEI Number:** 95-4611814

**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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LEVIN, WAYNE  
**Address:** 2700 COLORADO AVE SUITE 200  
**City-St-Zip:** SANTA MONICA, CA 90404

**Title:** EVP  
**Name:** GLADSTONE, B. JAMES  
**Address:** 2700 COLORADO AVE SUITE 200  
**City-St-Zip:** SANTA MONICA, CA 90404

**Title:** TREA  
**Name:** KEEGAN, JAMES  
**Address:** 2700 COLORADO AVE SUITE 200  
**City-St-Zip:** SANTA MONICA, CA 90404

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES KEEGAN

TREA

03/12/2012

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

\_\_\_\_\_  
Date