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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 93000002605 (4)

1. Corporation Name

SCP (AMELIA) INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 6/4/93
3a. Date of Last Report: 5/7/96

2. Principal Place of Business	2a. Mailing Address
21 1055 WEST 7TH STREET	26 1055 WEST 7TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 18TH FLOOR	27 18TH FLOOR
City & State	City & State
23 LOS ANGELES, CA	28 LOS ANGELES, CA
Zip / Country	Zip / Country
24 90017 / 25 USA	29 90017 / 30 USA

4. FEI Number: 95-4417006 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301	81 Name: CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST. 83 84 City: TALLAHASSEE, FL 85 Zip Code: 32301

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Rozar — **Karen B. Rozar, As Its Agent** — DATE: 5-5-97
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OGUMA, TAKAHISA	1.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 22/FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10020	1.4 CITY-ST-ZIP	
TITLE	TSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAKASAKI, YASUHIRO	2.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 22/FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10020	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FUJISAWA, SHINICHIRO	3.2 NAME	
STREET ADDRESS	1055 WEST 7TH STREET, 18TH FL.	3.3 STREET ADDRESS	900002168409---8
CITY-ST-ZIP	LOS ANGELES, CA 90017	3.4 CITY-ST-ZIP	-05/06/97 -01123--014 ****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Y. Takasaki -YASUHIRO TAKASAKI 4/3/97 (212) 730-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #