

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000002811 (8)

1. Corporation Name

KS (KEARNEY STREET) CORPORATION



Principal Place of Business

Mailing Address

1999 AVENUE OF THE STARS, SUITE 2000  
LOS ANGELES CA 90067

1999 AVENUE OF THE STARS, SUITE 2000  
LOS ANGELES CA 90067

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

13-3714131

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME ALLWIN, JAMES M  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE VD  
NAME DONOGHUE, GEOFFREY M  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE V  
NAME HAPPEL, MICHAEL A  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE PD  
NAME DRITLEY, JEFFREY A  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE VCFO  
NAME WISSMANN, AMY J  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE VSD  
NAME ROESSLER, RONALD R  
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 2000  
CITY-ST-ZIP LOS ANGELES CA 90067

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY OF THE MONTH

CR2E034 (3/96)