6/9/00-90218-016-$550.00-$550.00

FROM : FAX NO. :

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003316

1. Entity Name

LOTUS HISPANIC REPS CORP.

FILED

00 DEC 26 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6290 SUNSET BLVD SUITE 1600 LOS ANGELES CA 90028 US	6290 SUNSET BLVD STE 1600 LOS ANGELES CA 90028-8720 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6290 Sunset Blvd.	Same
Suite, Apt. #, etc.: Suite 1600	Suite, Apt. #, etc.: Same
City & State: Los Angeles	City & State: Same
Zip: 90028 Country: US	Zip: Same Country: Same

4. FEI Number: 95-3532281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERS, LOURDES LOTUS HISPANIC REPS. 175 FONTAINEBLEAU BLVD., #2-G-10 MIAMI FL 33172	Name: Patricia Tovar Street Address (P.O. Box Number is Not Acceptable): 614 NW 97th Place City: Miami FL Zip Code: 33172

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.

SIGNATURE: [signature] (Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 6-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $500.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP KRAUSHAAR, RICHARD B 6290 SUNSET BLVD STE 1600 LOS ANGELES CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mary Hawley 6290 Sunset Blvd Ste. 1600 Los Angeles, CA 90028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVCT SHRIFTMAN, WILLIAM 6290 SUNSET BLVD STE 1600 LOS ANGELES CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PALEY, JOHN 6290 SUNSET BLVD STE 1600 LOS ANGELES CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. Vice President Jerry Roy 6290 Sunset Blvd. Ste. 1600 Los Angeles, CA 90028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Jerry Roy 6290 Sunset Blvd. Ste. 1600 Los Angeles CA 90028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James Kalmenson 6290 Sunset Blvd. Ste. 1600 Los Angeles CA 90028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

SP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] William H. Shriftman 6-1-00 323-461-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #