

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90035 016 ***150.00

DOCUMENT # F93000004225

1. Corporation Name

ASSOCIATED HOSTS OF CALIFORNIA, INC.

Principal Place of Business

8910 PURDUE RD
STE 315
INDIANAPOLIS IN 46268
US

Mailing Address

8910 PURDUE RD
STE 315
INDIANAPOLIS IN 46268
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1993

4. FEI Number

95-1460469

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 owes the current year Intangible
Personal Property Tax. ☐ 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 RD.
PLANTATION FL 33324

81 Name DAVID ROULEAU

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

83 982 OCEAN BLVD

84 City ATLANTIC BEACH

FL

85 Zip Code

32233

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROULEAU, MARK L
STREET ADDRESS 18801 VENTURA BLVD., STE. 200
CITY-ST-ZIP TARZANA CA 91356 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11160 BRIDLEWOOD TRAIL
1.4 CITY-ST-ZIP ZIONSVILLE, IN 46077 ☒ Change ☐ Addition

TITLE ST
NAME MEANS, FRED
STREET ADDRESS 8910 PURDUE RD, 315
CITY-ST-ZIP INDIANAPOLIS IN 46268 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 11160 BRIDLEWOOD TRAIL
2.4 CITY-ST-ZIP ZIONSVILLE, IN 46077 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

317 876 3290

CR2E034 (11/98)