

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90178 047 \*\*\*150.00

<b>DOCUMENT # F94000005333</b>					
<b>1. Entity Name</b> HEARTHSTONE ADVISORS, INC.					
<b>Principal Place of Business</b> 16133 VENTURA BLVD. STE 1400 ENCINO, CA 91436 US			<b>Mailing Address</b> 16133 VENTURA BLVD. SUITE 1400 ENCINO, CA 91436		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 94-3160302	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> COPD <b>NAME</b> BRUIN, TOM <b>STREET ADDRESS</b> 1250 GROVE AVENUE, SUITE 300 <b>CITY-ST-ZIP</b> BARRINGTON, IL 60010	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CEOD <b>NAME</b> PUGASH, JAMES Z <b>STREET ADDRESS</b> 55 FRANCISCO ST., SUITE 700 <b>CITY-ST-ZIP</b> SAN FRANCISCO, CA 94133	<input type="checkbox"/> Delete		<b>TITLE</b> CEOD <b>NAME</b> PUGASH, JAMES Z <b>STREET ADDRESS</b> 781 LINCOLN AVE., STE 300 <b>CITY-ST-ZIP</b> SAN RAFAEL, CA 94901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SVPD <b>NAME</b> JAMES, GRIFFIN <b>STREET ADDRESS</b> 1401 EAST BROWARD BLVD, STE 302 <b>CITY-ST-ZIP</b> FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SVPD <b>NAME</b> PORATH, MARK <b>STREET ADDRESS</b> 16133 VENTURA BLVD., #1400 <b>CITY-ST-ZIP</b> ENCINO, CA 91436	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SVPD <b>NAME</b> CARVER, TRACY <b>STREET ADDRESS</b> 55 FRANCISCO STREET, SUITE 700 <b>CITY-ST-ZIP</b> SAN FRANCISCO, CA 94133	<input type="checkbox"/> Delete		<b>TITLE</b> SVPD <b>NAME</b> CARVER, TRACY <b>STREET ADDRESS</b> 781 LINCOLN AVE., STE 300 <b>CITY-ST-ZIP</b> SAN RAFAEL, CA 94901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> SVPD <b>NAME</b> ANTHONY BOTTE <b>STREET ADDRESS</b> 11455 EL CAMINO REAL <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			MARK A. PORATH CFO/SVP 04/03/04 818-385-0005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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