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FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED								
May 10, 2002 8:00 am								
Secretary of State								

1. Entity Na	ame	T# F9500000 TY HOLDINGS	0074 CORPORATION	ī	/		05-10-2002 90009	9 034 ***1	50.00	
DO NOT WRITE IN THIS SPACE							B0093379			
2. Principal Place of Business 3. Mailing Address 3780 KILROY AIRPORT WAY SAME				_						
Suite, Apt. #, etc. Suite, Apt. #			Suite, Apt. #, etc.	<u>. </u>			DO NOT WRITE IN THIS SPACE			
City & State LONG BEACH, CALIF			City & State			- 1 4	4. FEI Number Applied For 33-0197346 Not Applied For			
90806		Country USA	Zip SAME	Zip Country			. Certificate of Status Desired	\$8.75 Add	t Applicable litional	
30000		ODA	SAME	SAM	<u>-</u>		lame and Address of Current Registere	Fee Require	<u>.d</u>	
					Name					
		DO NOT W	RITE		Street Add	JRAT.	O Box Number is Not Acceptable	<u>Y</u>		
		N THIS SP			1201		O. Box Number is Not Acceptable) S STREET			
					City TALLA	LUB C	SEE FL	Zip Code 3230:		
8. The above	e named e	ntity submits this statemer	nt for the purpose of changi	no its rec	istered offic	e or regis	Stered agent, or both, in the State of Florid	<u> 3230.</u>	<u> </u>	
SIGNATURE					,		to so again, or boar, in the olding of Florid	a.		
	Signature, t	yped or printed name of regis	ered agent and title if applicable	le. (/	NOTE: Registe	red Agent	signature required when reinstating)	DATE		
Tax filing r	equiremer	ligible to satisfy its Intangi at and elects to do so.	Arriend	y 1, Fee ed UBR i	is \$550.00 is \$61.25		Election Campaign Financing Trust Fund Contribution.		0 May Be	
<u> </u>	ria on back	•	Make Check Paya	ble to D	epartment o	of State	Trust Fund Contribution.	Added	to Fees	
<u>11.</u>	PD	OFFICERS AND D	PIRECTORS	-						
Title Name		ER, JAMES F		TITLE						
STREET ADDRESS		NACHES WAY			ET ADDRESS					
CITY - ST - ZIP	RENT	ON, WA 9805	5	ату	ST - ZIP					
TITLE	DV			TITLE						
NAME		DING, STEVE		NAME					Ī	
STREET ADDRESS CITY - ST - ZIP	13780 T.ONG	KILROY AIRPOR BEACH, CA	T WAY STE 750		T ADDRESS					
TITLE	DVS	BEACH, CA	30000	IITLE	ST - ZiP					
NAME	,	FIN, MICHAE	LC.	NAME	ļ				-	
STREET ADDRESS				STREE	TADDRESS		DO NOT WO		1	
CITY - ST - ZIP	LONG	BEACH, CA	90806	CITY -	ST - ZIP		DO NOT WRIT			
TITLE				TITLE			IN THIS SPAC	F		
NAME STREET ADDRESS				NAME			5. 7.6	' —	l	
CITY - ST - ZIP			•		TADDRESS ST - ZIP				1	
TITLE				TITLE	01-Eii					
MAME				NAME						
TREET ADDRESS					T ADDRESS					
STY - ST - ZIP				CITY -	ST - ZIP					
TTLE INNE				TITLE						
TREET ADDRESS				NAME	TADORESS					
ATY - ST - ZIP					ST - ZIP					
3. I hereby cer	rtify that the	e information supplied with	this filing does not qualify			ted in Se	ction 119.07(3)(i), Florida Statutes. I furth	er 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 on an attachment with an address, with all other like empowered.

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MICHAEL C. DRAFFIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

429.02 Date

562-997-3357

Daytime Phone #