

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000097 (4)

1. Corporation Name

COLUMBUS OPERATORS, INC.



Principal Place of Business

**11845 W. OLYMPIC BLVD.
SUITE 560
LOS ANGELES CA 90064**

Mailing Address

**11845 W. OLYMPIC BLVD.
SUITE 560
LOS ANGELES CA 90064**

2. Principal Place of Business

21 11835 W. Olympic Blvd.

Suite, Apt. #, etc.

22 675

City & State

23 LA, CA

Zip

24 90064

Country

25 USA

2a. Mailing Address

26 11835 W. Olympic Blvd.

Suite, Apt. #, etc.

27 675

City & State

28 LA, CA

Zip

29 90064

Country

30 USA

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

4. FEI Number

52-1253785

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 title, if applicable

Typed Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MALLORY, KEVIN E	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	MALPASUTO, ROBERT	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AZEVEDO, HELEN	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	ATS	<input type="checkbox"/> DELETE
NAME	MCCAIN, CHARLES	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, BRUCE M	
STREET ADDRESS	104 E. PARK DR., #300	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPIN, JEFFREY C	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 675
1.4 CITY-ST-ZIP	LA, CA 90064
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Samuels, Sherwin L.
2.4 CITY-ST-ZIP	555 West 5th Street, 40th Floor Los Angeles, CA 90013
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 675
3.4 CITY-ST-ZIP	LA, CA 90064
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 675
4.4 CITY-ST-ZIP	LA, CA 90064
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 695
6.4 CITY-ST-ZIP	LA, CA 90064

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 607, 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
Kevin E. Mallory, President

4-8-96

310-575-3900

CP2E034 (12/95)