


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

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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90114 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004986

1. Corporation Name
CCS MANAGEMENT INC.

Principal Place of Business 11150 SANTA MONICA BLVD #1400 LOS ANGELES CA 90025	Mailing Address 11150 SANTA MONICA BLVD #1400 LOS ANGELES CA 90025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/13/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 95-4455553	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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	
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, STEPHEN A	1.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINKER, RONALD	2.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, EILEEN	3.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPINO, CHARLES P	4.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN KONYNENBURG, MICHAEL	5.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, CHRIS	6.2 NAME	
STREET ADDRESS	11150 SANTA MONICA BLVD #1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	6.4 CITY-ST-ZIP	

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:

CHRIS GOODMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 4/27/99 (310) 477-9600

Date

Daytime Phone #

CR2E034 (11/98)