


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90256 039 ***150.00

DOCUMENT # F96000001268 1. Entity Name NCC TARZANA COMPANY					
Principal Place of Business 245 PARK AVE., 40TH FLOOR NEW YORK, NY 10167			Mailing Address 245 PARK AVE., 40TH FLOOR NEW YORK, NY 10167 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 13-3849440 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO RUTHERFORD, PETER D 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS KRAKOWSKI, RICHARD F 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA LEVINE, MARVA M 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COTTICHO, ANDREW 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPI JORDAN, JAMES J 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BURDEN, ROBEA J 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO Paul H. Repp 245 Park Avenue, 40th Fl New York, NY 10167				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janet Garrity 3900 Washington St, 2nd Fl Wilmington, DE 19802				
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.					
SIGNATURE: <u>Richard Krakowski</u> Richard Krakowski <u>4/14/04</u> <u>212-557-4799</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					