

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91843 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000001268**

1. Entity Name  
**NCC TARZANA COMPANY**



**90129665**

Principal Place of Business      Mailing Address  
245 PARK AVE., 40TH FLOOR      245 PARK AVE., 40TH FLOOR  
NEW YORK, NY 10167              NEW YORK, NY 10167 US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State  
Zip                          Country                          Zip                          Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 13-3849440		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if not a state official. (NOTE: Registered Agent Signature required when registering)      **DATE** \_\_\_\_\_

**FILE NOW! Fee is \$150.00**  
After May 5, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**      **\$5.00 May Be**  
Trust Fund Contribution.      ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVPO</b> <b>RUTHERFORD, PETER D</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVPS</b> <b>KRAKOWSKI, RICHARD F</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPCA</b> <b>LEVINE, MARVA M</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCEO</b> <b>COTTICHO, ANDREW</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVPI</b> <b>JORDAN, JAMES J</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AC</b> <b>BURDEN, ROBEA J</b> 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <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

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:** M. Borden      **4/24/03 (212) 557-4799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2034 (10/02)