

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90041 023 \*\*\*150.00

DOCUMENT # **F96000001277**

1. Entity Name  
**CSD GENPAR, INC.**

Principal Place of Business Mailing Address **Same**  
**1999 Avenue of the Stars**  
**Suite 1200**  
**Los Angeles, CA 90067**

2. Principal Place of Business <b>Los Angeles</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**95-4567547**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**The Prentice-Hall Corporation System, Inc.**  
**1201 Hays Street**  
**Suite 105**  
**Tallahassee FL 32301**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P. Thomas J. Buttrick, Jr.</b> <input type="checkbox"/> Delete <b>1999 Avenue of the Stars, #1200</b> <b>Los Angeles, CA 90067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, T Mark M. Hedstrom</b> <input type="checkbox"/> Delete <b>1999 Avenue of the Stars, Suite 1200</b> <b>Los Angeles, CA 90067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, S John E. Viola</b> <input type="checkbox"/> Delete <b>1999 Avenue of the Stars, Suite 1200</b> <b>Los Angeles, CA 90067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Richard A. Ekleberry</b> <input type="checkbox"/> Delete <b>201 Main Street, Suite 2420</b> <b>Fort Worth TX 76102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V John W. Devereux</b> <input type="checkbox"/> Delete <b>1999 Avenue of the Stars, Suite 1200</b> <b>Los Angeles, CA 90067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **John E. Viola, VP** **4-14-00** **310-282-8820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)