

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

DOCUMENT # **F96000001277**

1. Entity Name

CSD GENPAR, INC.

FILED

02 APR 19 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1999 AVE OF THE STARS

Suite, Apt. #, etc.

1200

City & State

LOS ANGELES CA

Zip

90067

Country

USA

3. Mailing Address

1999 AVE OF THE STARS

Suite, Apt. #, etc.

1200

City & State

LOS ANGELES CA

Zip

90067

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4567547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite 105

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **D P**
NAME **BARRACK, THOMAS J., JR.**
STREET ADDRESS **1999 AVE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST**
NAME **HEDSTROM MARK M.**
STREET ADDRESS **1999 AVE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900005137679--7
-03/21/02--01016--001
******676.25 ****150.00**

TITLE **V**
NAME **DEVEREUX, JOHN W.**
STREET ADDRESS **1999 AVE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark M. Hedstrom, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/02

310.282-8820

CR2E034B (12/01)