

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90009 009 \*\*\*150.00

**DOCUMENT # F96000001277**

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



Principal Place of Business

**1999 AVE OF THE STARS  
1200  
LOS ANGELES, CA 90067**

Mailing Address

**1999 AVE OF THE STARS  
1200  
LOS ANGELES, CA 90067**

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**95-4567547**

Applied For  
Not Applicable

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**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. SECRETARY  
MALLORY, JOY  
1999 AVE OF THE STARS  
LOS ANGELES CA 90067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Joy Mallory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.14.05**  
Date

**310-282-8820**  
Daytime Phone #