

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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**



01112006 No Chg-P CR2E034 (11/05)

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**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 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. 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARRACK, THOMAS J JR
STREET ADDRESS	1999 AVE OF THE STARS
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VST
NAME	HEDSTROM, MARK M
STREET ADDRESS	1999 AVE OF THE STARS
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	AS
NAME	MALLORY, JOY
STREET ADDRESS	1999 AVE OF THE STARS
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000522821
05/03/06-80047-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Joy Mallory, Asst. Secretary 4-17-06 310-282-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #