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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003656 (3)

1. Corporation Name  
KENDALE GENPAR, INC.



Principal Place of Business Mailing Address  
SUITE 1200 SUITE 1200  
1999 AVENUE OF THE STARS 1999 AVENUE OF THE STARS  
LOS ANGELES CA 90067 LOS ANGELES CA 90067-6037

3. Date Incorporated or Qualified 07/18/1996 3a. Date of Last Report  
4. FEI Number 95-4588563 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRACK, THOMAS J JR	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	DAVIS, KELVIN L	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KESTIN, LAWRENCE A	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EKLEBERRY, RICHARD A	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VIOLA, JOHN E	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCTAVISH, KEVIN C	
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90067	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEDSTROM, MARK M.	
1.3 STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 1200	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90067	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark M. Hedstrom, V.P.

*Mark M. Hedstrom*

3.4.97

310-282-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)