

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F96000005237 (0)**

1. Corporation Name

ORIGIN COMMUNICATIONS NEVADA, INC.

Principal Place of Business

**8430 SANTA MONICA BLVD #100
WEST HOLLYWOOD CA 90069**

Mailing Address

**8430 SANTA MONICA BLVD #100
WEST HOLLYWOOD CA 90069**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

16-1495887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 8235 Santa Monica Blvd.

Suite, Apt. #, etc.

22 4th Floor

City & State

23 West Hollywood, CA

Zip

24 90046

Country

25 Los Angeles

2a. Mailing Address

26 8424-A Santa Monica Blvd.

Suite, Apt. #, etc.

27 Suite 813

City & State

28 West Hollywood CA

Zip

29 90069

Country

30 Los Angeles

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

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 CP ☐ DELETE

NAME **ANDERSON, T. VALFRID**
STREET ADDRESS **8430 SANTA MONICA BLVD #100**
CITY-ST-ZIP **WEST HOLLYWOOD CA 90069**

TITLE V ☐ DELETE

NAME **JASON, PAULL**
STREET ADDRESS **8430 SANTA MONICA BLVD #100**
CITY-ST-ZIP **WEST HOLLYWOOD CA 90069**

TITLE T ☒ DELETE

NAME **JEFFCOAT, LANCE**
STREET ADDRESS **8430 SANTA MONICA BLVD #100**
CITY-ST-ZIP **WEST HOLLYWOOD CA 90069**

TITLE SD ☐ DELETE

NAME **FILER, TED**
STREET ADDRESS **ONE E. MAIN ST**
CITY-ST-ZIP **ROCHESTER NY 14614**

TITLE D ☐ DELETE

NAME **KLING, BRECK**
STREET ADDRESS **ONE E. MAIN ST**
CITY-ST-ZIP **ROCHESTER NY 14614**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 **Valfrid Anderson** **OURP-10-A**

8/12/98 206-246-4102

CR2E034 (5/98)