## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

F96000005330



FILED
Mar 17, 2003 8:00 am
Secretary of State

Sent Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  10	1. Entity Na		. 5550	NAGEMENT COMP	YANY		03-17-2003 90660	021 ***150	).00
Surie, Apt. 4, etc.   CHPOK HERE IF MAKING CHANGES   City & State   City & State   4. FEI Number 95-3998494   Application   Note Application   Section   Application   Note Application   Section   Application   Note Application   Section   Application   Note Application   Note Application   Note Application   Note   State   Note Application   Note   State   Note	425 W BROA STE 400 GLENDALE O US	ADWAY CA 91204-1269		PO BOX 29086 GLENDALE CA 91209					
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Sarra Address of Current Registered Agent  For Required  For State Address (P.O. Box Number is Not Acceptable)  For Required  For	! 		1055	3. Mailing Address				161 88181 81189 14[8]	<b>u</b> 11614 <b>u u</b> 84 1 <b>u u</b> 1
Zip Country	Suite, Apt	:. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKI	NG CHANGES	3
See Name and Address of Current Registered Agent    Recommend   See Name and Address of Current Registered Agent   Steel Address of New Registered Agent   Steel Agent   Steel Address of New Registered Agent   Steel Agent   Steel Address of New Registered Agent   Steel Age	City & Sta	ite		City & State			4. FEI Number 95-3998494		pplied For lot Applicable
Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   Same	Zip	,	Country	Zip	Count	ry : -:	5Certificate of Status Desired		
Name		6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registers		
Sirest Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)				· · · · · · · · · · · · · · · · · · ·		Name			
MAITLAND FL 32751-6471  8. The above named onlity 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 accident the obligations of registered agent.  SIGNATURE  Symulus, boad or present suprace of registered agent and site if applicable.  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME SIREET ADDRESS  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  TILE NAME SIREET ADDRESS  CITY-			VE			Street Address (	P.O. Box Number is Not Acceptable)		
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accrement the obligations of registered agent.    Signature   Symulous, hypot or prised name of ingitizend agent and the if applicable.   (NOTE Registered Agent signature required when recrustating)   DATE									
SIGNATURE    Signature   Signature   Signature, repeat or present and stille if applicable.   (NOTE Registered Apent algorithms recentables)   DATE						-			
Signature, paper or printed name of regionated algorithms of the date of the protect in the first paper of the protect in the first paper of the protect in the protect i	8. The above the obliga	e named entity tions of regist	/ submits this statement fo ered agent.	or the purpose of changing its	s registere	d office or register	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept
## FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **THE NAME** STREET ADDRESS GENOALE CA 91204  TITLE **NAME** STREET ADDRESS GE	SIGNATURE		or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature required	when reinstation)		
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Afte	r May 1, 200	3 Fee will be \$550.00	State					
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	KALIOR, L 425 W. BR	AWRENCE J OADWAY #400		name Stree	l l			Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME STREET	l		☐ Change	Addition
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NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	name Street address	. / ! # (	. ,	☐ Delete	NAME STREET	F		☐ Change	☐ Addition
12. Thereby certify that the information symplicity with this filing does not qualify for the exemption started in Contine 110 07(0)/3. The information symplicity with this filing does not qualify for the exemption started in Contine 110 07(0)/3. The information symplicity with this filing does not qualify for the exemption started in Contine 110 07(0)/3. The information symplicity with this filing does not qualify for the exemption started in Contine 110 07(0)/3. The information symplicity with this filing does not qualify for the exemption symplectic filing does not give the exemption of the	NAME STREET ADDRESS CITY-ST-ZIP			± ff a log	NAME STREET	i		☐ Change	Addition

indicated on this report or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE RECUIREDLAWrence J. Kalior March 11, 2003 818-246-2800