

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE,
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90093 014 ***150.00

DOCUMENT # F97000001500

1. Corporation Name
ASPEN MARKETING, INC.

Principal Place of Business
27985 MEADOW DR., 2ND FL.
EVERGREEN CO 80439

Mailing Address
27985 MEADOW DR., 2ND FL.
EVERGREEN CO 80439



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

95-3653850

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 owes the current year Intangible
Personal Property Tax.

☐ 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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DCEO
NAME CANNON, NEIL P
STREET ADDRESS 27985 MEADOW DR., 2ND FL.
CITY-ST-ZIP EVERGREEN CO 80439

☐ DELETE

TITLE DS
NAME SCHMIDT, JOSEPH J III
STREET ADDRESS 4700 E. AIRPORT DR.
CITY-ST-ZIP ONTARIO CA 91761

☒ DELETE

TITLE V
NAME PEARSON, LYNDON L
STREET ADDRESS 3508 CRESTBROOK RD.
CITY-ST-ZIP BIRMINGHAM AL 35223

☒ DELETE

TITLE CFOS
NAME BRESLIN, THOMAS
STREET ADDRESS 27985 MEADOW DR, 2ND FL
CITY-ST-ZIP EVERGREEN CO 80439

☐ DELETE

TITLE CV
NAME CALLEJAS, DAVID R
STREET ADDRESS 27985 MEADOW DR. 2ND FL.
CITY-ST-ZIP EVERGREEN CO 80439

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE CEO
2.2 NAME NEAL VITALE
2.3 STREET ADDRESS 11756 WILSHIRE BLVD, STE 1100
2.4 CITY-ST-ZIP LOS ANGELES, CA 90025

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. CALLEJAS

Date

Daytime Phone #

42949 303-674-5111

CR2E034 (11/98)