

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000002150 (7)**  
 1. Corporation Name  
**DOLPHIN MALL GENPAR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1999 AVENUE OF THE STARS                  STE 1200                  LOS ANGELES CA 90067</b>	Mailing Address <b>1999 AVENUE OF THE STARS                  STE 1200                  LOS ANGELES CA 90067</b>
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3. Date Incorporated or Qualified  
**04/23/1997**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number  
**APPLIED FOR 52-2033086** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BARRACK JR, THOMAS J
STREET ADDRESS	1999 AVENUE OF THE STARS, STE 1200
CITY-ST-ZIP	LOS ANGELES CA
TITLE	VD <input type="checkbox"/> DELETE
NAME	DAVIS, KELVIN L
STREET ADDRESS	1999 AVENUE OF THE STARS, STE 1200
CITY-ST-ZIP	LOS ANGELES CA
TITLE	VD <input type="checkbox"/> DELETE
NAME	CODINA, ARMANDO
STREET ADDRESS	2 ALHAMBRA PLAZA, PH-2
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SWERDLOW, MICHAEL J
STREET ADDRESS	200 S. PARK RD., STE 200
CITY-ST-ZIP	HOLYWOOD FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	KESTIN, LAWRENCE A
STREET ADDRESS	1999 AVENUE OF THE STARS, STE 1200
CITY-ST-ZIP	LOS ANGELES CA
TITLE	VT <input type="checkbox"/> DELETE
NAME	HEDSTROM, MARK M
STREET ADDRESS	1999 AVENUE OF THE STARS, STE 1200
CITY-ST-ZIP	LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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* Mark M. Hedstrom VP 2-17-98 310-282-8820

CR2E034 (10/97)