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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002995

Country

25

CHARLES DAVID OF CALIFORNIA, CORPORATION

Principal Place of Business	Mailing Address
5731 BUCKINGHAM PARKWAY CULVER CITY CA 90230	5731 BUCKINGHAM PARKWAY CULVER CITY CA 90230
Principal Place of Business	2a. Mailing Address

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Suite, Apt. #, etc.

City & State

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90021 040 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

06/09/1997

95-4095307

4. FEI Number

9. Name and Address of Current Registered Agent	i		10. Name and Address of New Registered Agent		
	81	Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		82 Street Address (P.O. Box Number is Not Acceptable)			
IALLANASSEE PL 32301-2323	83				
•	84	City	FL 85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat 	d by 1	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	LAcent	signature reg	quired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.	Agen	algitatura req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
0.1.102.1.07.1.0	11 TITLE		Change Addition		
— — — — — — — — — — — — — — — — — — —	12 NAME				
	1.3 STREET		•		
CHIVED CITY CA 00000	1.4 CITY-ST-ZIP				
TITY-ST-ZIP CULVER CITY CA 90230 1.4 CITY CA 90230 DELETE 2.1 TI		-2.1	☐ Change ☐ Addition		
· · ·	2.2 NAME				
	TREET	ADDRESS			
	2. 4 CITY-ST-ZIP				
	3.1 TITLE		Change Additio		
IAME ROZBRUCH, MICHAEL 32N	AME				
	TREET	ADDRESS			
	TY-S	T-ZIP			
	4.1 TITLE		Change Additio		
NAME 4.2 N	IAME				
STREET ADDRESS 4.3 S	TREET	ADDRESS			
CITY-ST-ZIP 4.4 C	ITY-S1	-ZIP			
TILE DELETE 5.1 TI	TLE		☐ Change ☐ Additio		
IAME 5.2 N	AME				
STREET ADDRESS 5.3 S	TREET	ADDRESS			
3117-S1-ZIP	ny-st	-Z∤P			
TILE DELETE 6.1 TI	ITLE	T	☐ Change ☐ Additio		
IAME 62 N	AME				
STREET ADDRESS 6.3 S	TREET	ADDRESS			
317-S1-21P	ITY-S1				
14. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this annual report or supplemental annual report is true and accurate and	mpti	on stated	in Section 119.07(3)(i), Florida Statutes, I further certify that the information		

Country

30

officer or director of the corporation or the reserver or trustee empowered and inacting signature shall have the same legal energial industrial officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicable 13 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: