

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90031 005 ***158.75

DOCUMENT # F97000003308

1. Corporation Name
CLARITY STATION, INC.

Principal Place of Business
3159 DONALD DOUGLAS LOOP SOUTH
SANTA MONICA CA 90405

Mailing Address
3159 DONALD DOUGLAS LOOP SOUTH
SANTA MONICA CA 90405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1997

4. FEI Number
95-4623340

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 Blvd #100
21 12211 W. Washington

2a. Mailing Address Blvd #100
26 12211 W. Washington

Suite, Apt. #, etc.
22 #100

Suite, Apt. #, etc.
27 #100

City & State
23 LA CA

City & State
28 LA CA

Zip Country
24 90066 25

Zip Country
29 90066 30

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	RENAN, SHELDON J	3159 DONALD DOUGLAS LOOP SOUTH	SANTA MONICA CA 90405	<input type="checkbox"/>
DS	MARGOLIS, ROBERTA A	3159 DONALD DOUGLAS LOOP SOUTH	SANTA MONICA CA 90405	<input type="checkbox"/>
CFO	SHEPHERD, HELEN M.	3159 DONALD DOUGLAS LOOP S	SANTA MONICA CA 90405	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		12211 W. Washington Blvd #100	LA CA 90066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		12211 W. Washington Blvd #100	LA CA 90066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		V.P. Finance Donna M. Garafalo	12211 W. Washington Blvd #100	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		V.P. Production David Schwartz	12211 W. Washington Blvd #100	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		V.P. Operations Shane Grant	12211 W. Washington Blvd #100	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (11/98)