

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90632 006 \*\*\*150.00

**DOCUMENT #** F97000003367

1. Entity Name

GOLDEN MERGER CORPORATION

Principal Place of Business Mailing Address  
 12401 W. OLYMPIC BLVD. 12401 W. OLYMPIC BLVD.  
 LOS ANGELES, CA 90064 LOS ANGELES, CA 90064

2. Principal Place of Business 3. Mailing Address  
 12401 W. OLYMPIC BLVD. 12401 W. OLYMPIC BLVD.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 LOS ANGELES, CA LOS ANGELES, CA  
 Zip Country Zip Country  
 90064-1022 USA 90064-1022 USA

4. FEI Number 95-4574528  
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT-CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	PRES/CEO/DIR	<input type="checkbox"/> Delete
NAME	ROBERT L. ANTIN	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	
TITLE	VP/DIR	<input type="checkbox"/> Delete
NAME	NEIL TAUBER	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	
TITLE	SEC/DIR	<input type="checkbox"/> Delete
NAME	ARTHUR J. ANTIN	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	
TITLE	TREASURER/CFO	<input type="checkbox"/> Delete
NAME	TOMAS W. FULLER	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

TOMAS W. FULLER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
 Date

(310) 584-6500  
 Daytime Phone #