

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 08, 1999 8:00 am
Secretary of State

05-08-1999 90050 029 ***150.00

DOCUMENT # H70021

1. Corporation Name
SUNSET STRIP CORP.

Principal Place of Business
2800 28TH STREET STE 222
P.O. BOX 4069
SANTA MONICA CA 33306-1916

Mailing Address
2800 28TH STREET STE 222
P.O. BOX 4069
SANTA MONICA CA 33306-1916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1985

4. FEI Number

59-2687461

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

21 6171 W. Century Blvd.

22 Suite, Apt. #, etc.
Los Angeles, CA 90045

23 City & State

24 Zip Country

2a. Mailing Address

26 6171 W. Century Blvd.

27 Suite, Apt. #, etc.
Los Angeles, CA 90045

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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 DPT ☐ DELETE

NAME GEARY, WILLIAM W. JR.

STREET ADDRESS 2800 28TH STREET STE 222

CITY-ST-ZIP SANTA MONICA CA 90405

TITLE S ☐ DELETE

NAME SCHIEBEL, KATHRYN S.

STREET ADDRESS 2800 28TH STREET SUITE 222

CITY-ST-ZIP SANTA MONICA CA 90405

TITLE AS ☐ DELETE

NAME LAVELLE, BARBARA, J

STREET ADDRESS 2800 28TH ST #222

CITY-ST-ZIP SANTA MONICA CA 90405

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6171 W. Century Blvd., Ste. 100
Los Angeles, CA 90045

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6171 W. Century Blvd., Ste. 100
Los Angeles, CA 90045

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6171 W. Century Blvd., Ste. 100
Los Angeles, CA 90045

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (310) 258-9000
Date Daytime Phone #

CR2E034 (11/98)