2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H70021** Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** SUNSET STRIP CORP. 01-21-2000 90065 026 ***150.00 Mailing Address Principal Place of Business 6171 W. CENTURY BLVD. 6171 W. CENTURY BLVD. LOS ANGELES CA 90045-5300 LOS ANGELES CA 90045 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2687461 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPT ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GEARY, WILLIAM W. JR. STREET ADDRESS STREET ADDRESS 6171 W. CENTURY BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 ☐ Change ☐ Addition ☐ Delete TITLE NAME SCHIEBEL, KATHRYN S. NAME STREET ADDRESS STREET ADDRESS 6171 W. CENTURY BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP **LOS ANGELES CA 90045** Change ☐ Addition TITLE ☐ Delete TITLE NAME LAVELLE, BARBARA, J NAME STREET ADDRESS STREET ADDRESS 6171 W. CENTURY BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS *STREET ADDRESS CITY-ST-ZIP 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.