

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90308 025 ***150.00

DOCUMENT # J24728

1. Entity Name
CAMDEN SECURITIES, INC.



Principal Place of Business
**3807 WILSHIRE BLVD.
STE. 1220
LOS ANGELES CA 90010
US**

Mailing Address
**3807 WILSHIRE BLVD.
STE. 1220
LOS ANGELES CA 90010
US**

2. Principal Place of Business

3. Mailing Address

**3807 Wilshire Blvd.
Suite, Apt. #, etc.
Ste. 600**

**3807 Wilshire Blvd.
Suite, Apt. #, etc.
Ste. 600**

City & State
Los Angeles, CA

City & State
Los Angeles, CA

Zip
90010

Country
USA

Zip
90010

Country
USA

4. FEI Number **59-2691496**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, ROBERT
12902 US HWY 301 SOUTH
RIVERVIEW FL 33569**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ANTHONY, PATRICK**
STREET ADDRESS **3807 WILSHIRE BLVD., STE. 1220**
CITY-ST-ZIP **LOS ANGELES CA 90010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FULLER, KAREN**
STREET ADDRESS **3807 WILSHIRE BLVD., STE. 1220**
CITY-ST-ZIP **LOS ANGELES CA 90010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick A. Anthony
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003

213-738-1281

Date Daytime Phone #

CR2E034 (10/02)