

**CONCLUSIONS**

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90067 041 \*\*\*150.00

1. Corporation Name  
**SECOND CROSSING, INC.**



Mailing Address  
626 SANTA MONICA BLVD.  
SANTA MONICA CA 90401

DO NOT WRITE IN THIS SPACE

07/14/1989

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

☐ Yes      ☐ No

10. Name and Address of New Registered Agent

81	Name
----	------

Street Address (P.O. Box Number is Not Acceptable)

83

84	City
----	------

FL	85	Zip Code
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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	D	<input type="checkbox"/> DELETE
NAME	OSHRY, SUZANNE	
STREET ADDRESS	626 SANTA MONICA BLVD.	
CITY-ST-ZIP	SANTA MONICA CA 90401	

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

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

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

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

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

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

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

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

3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4. CITY- ST- ZIP			

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

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

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 as an attachment with an address, with all other like empowered.

**SIGNATURE:**

SEARCHED INDEXED SERIALIZED FILED  
MAR 21 1999  
FBI - MEMPHIS

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

CR2E034 (11/98)