


# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> M02000001639	
<b>1. Entity Name</b> STRAVINA OPERATING COMPANY, LLC	

**FILED**  
03 AUG 28 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 19850 Nordhoff Place Suite, Apt. #, etc.	<b>3. Mailing Address</b> 19850 Nordhoff Place Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Chatsworth, California	<b>City &amp; State</b> Chatsworth, California	<b>4. FEI Number</b> 51-0388988	<b>Applied For</b> Not Applicable
<b>Zip</b> 91311	<b>Country</b> Los Angeles	<b>Zip</b> 91311	<b>Country</b> Los Angeles

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Corporation Service Company  
**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

**City** Tallahassee **FL** **Zip Code** 32301

**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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Consolidated Personalized and Souvenir Holdings, Inc. 19850 Nordhoff Place Chatsworth, California 91311	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	400022636024
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	BK
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

August 27, 2003

Date

(818) 886-9901

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY™

# M02000001639

ACCOUNT NO. : 072100000032

REFERENCE : 222053 4303194

AUTHORIZATION :

COST LIMIT : \$ 55.00

FILED  
03 AUG 28 AM 9:20  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

ORDER DATE : August 27, 2003

ORDER TIME : 10:42 AM

ORDER NO. : 222053-005

CUSTOMER NO: 4303194

CUSTOMER: Ms. Nobuko M. Christy  
Paul Hastings Janofsky &  
515 South Flower Street  
25th Floor  
Los Angeles, CA 90071-2371

RECEIVED  
03 AUG 28 PM 12:48  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: STRAVINA OPERATING COMPANY,  
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 1140

EXAMINER'S INITIALS:       

BK