

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014925 AF

DOCUMENT # M98000000383

1. Entity Name  
MANPAY LLC

00 APR 29 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2835 NORTH NAOMI STREET, BURBANK CA 91504  
Mailing Address: C/O LAW OFFICES OF JAMES DONOVAN, 515 S. FIGUEROA STREET, SUITE 1000, LOS ANGELES CA 90071-3327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		88-0391093		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRANEY, ROBERT W			NAME			
STREET ADDRESS	410 NEVADA HIGHWAY, SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	BOULDER CITY NV 89005			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERSON, JACK L			NAME			
STREET ADDRESS	410 NEVADA HIGHWAY, SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	BOULDER CITY NV 89005			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOVAN, JAMES M			NAME			
STREET ADDRESS	515 S. FIGUEROA ST., STE. 1000			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90071			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: James M. Donovan James M. Donovan, Manager 4/23/00 (213) 629-4861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #