

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000434

1. Entity Name

EPSC COMMPAY SERVICES LLC

APPROVED  
AND  
FILED

00 APR 29 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2835 NORTH NAOMI STREET  
BURBANK CA 91504

Mailing Address

% LAW OFFICES OF JAMES M. DONOVAN  
515 S. FIGUEROA STREET, SUITE 1000  
LOS ANGELES CA 90071-3327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0391098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME MGR  
STREET ADDRESS DRANEY, ROBERT W  
CITY-ST-ZIP 410 NEVADA HIGHWAY, SUITE 200  
BOULDER CITY NV 89005 ☐ Delete

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

TITLE NAME MGR  
STREET ADDRESS PETERSON, JACK L  
CITY-ST-ZIP 410 NEVADA HIGHWAY, SUITE 200  
BOULDER CITY NV 89005 ☐ Delete

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

TITLE NAME MGR  
STREET ADDRESS DONOVAN, JAMES M  
CITY-ST-ZIP 515 S. FIGUEROA STREET, SUITE 1000  
LOS ANGELES CA 90071 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 #

CR2E083 (9/99)