

2001 UNIFORM BUSINESS REPORT (UBR)

0031264 AF

DOCUMENT # M98000000434

1. Entity Name
EPSPG COMMPAY SERVICES LLC

FILED

01 FEB '12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 91504

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DRANEY, ROBERT W
410 NEVADA HIGHWAY, SUITE 200
BOULDER CITY NV 89005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PETERSON, JACK L
410 NEVADA HIGHWAY, SUITE 200
BOULDER CITY NV 89005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DONOVAN, JAMES M
515 S. FIGUEROA STREET, SUITE 1000
LOS ANGELES CA 90071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900003708949--8
-02/19/01--01019--010
*****50.00 *****50.00

☐ Change ☐ Addition

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

James M. Donovan, Manager 2/5/01 (213) 629-4861

Date Daytime Phone #

CR2E083 (11/00)