

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001224

1. Entity Name

GUEST INFORMANT, L.L.C.

Principal Place of Business

21200 ERWIN STREET
WOODLAND HILLS CA 91367

Mailing Address

21200 ERWIN STREET
WOODLAND HILLS CA 91367-3714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3957473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Juresa Bice

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 HAUSER, DAVID L
STREET ADDRESS 21200 ERWIN STREET
CITY- ST- ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003259470-7
CITY- ST- ZIP -05/19/00-01085-008
*****50.00 *****50.00

TITLE NAME MGR KESSEL, SILVIA
STREET ADDRESS 215 EAST 67TH STREET
CITY- ST- ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE NAME MGR KLUGE, JOHN W
STREET ADDRESS 215 EAST 67TH STREET
CITY- ST- ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE NAME MGR SUBOTNICK, STUART
STREET ADDRESS 215 EAST 67TH STREET
CITY- ST- ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE NAME MGR WADLER, ARNOLD L
STREET ADDRESS 1 MEADOWLANDS PLAZA
CITY- ST- ZIP EAST RUTHERFORD NJ 07073 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
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: *Juresa Bice* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/17/00 (818) 716-7484

CR2E083 (9/99)