

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000046401

1. Entity Name
BIPED INFORMATION SERVICES, INC.



Principal Place of Business
**3421 CASTLEWOODS PL
SHERMAN OAKS, CA 91403**

Mailing Address
**3421 CASTLEWOODS PL
SHERMAN OAKS, CA 91403**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0014775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, JAY
8333 WEST MCNAB ROAD
SUITE 228
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRANTZ, A. STEVEN
STREET ADDRESS	3421 CASTLEWOODS PL
CITY-ST-ZIP	SHERMAN OAKS, CA 91403
TITLE	VD
NAME	KRANTZ, JEFFREY R
STREET ADDRESS	3421 CASTLEWOODS PL
CITY-ST-ZIP	SHERMAN OAKS, CA 91403
TITLE	VD
NAME	KRANTZ, PAUL
STREET ADDRESS	3421 CASTLEWOODS PL
CITY-ST-ZIP	SHERMAN OAKS, CA 91403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80035-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

A. Steven Krantz

A. STEVEN KRANTZ

1/6/05 818-986-42