

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06591 (2)

1. Corporation Name
THORNDIKE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
16055 VENTURA BLVD. SUITE 1215 ENCINO CA 91436	16055 VENTURA BLVD. SUITE 1215 ENCINO CA 91436

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PASANO, MICHAEL S.
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131**

**APPROVED
AND
FILED**

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1985	3a. Date of Last Report 05/24/1994
4. FEI Number 95-3948799	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. The corporation has liability for interstate tax under S. 199 (1993 Florida Statutes) ☐ Yes ☐ No	

10. Name and Address of New Registered Agent

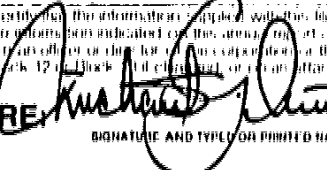
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607 (1993) and 608 (1993) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (1993) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
STREET ADDRESS	CITY, ST, ZIP	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6. NAME	
STREET ADDRESS	CITY, ST, ZIP	7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	10. NAME	
STREET ADDRESS	CITY, ST, ZIP	11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
STREET ADDRESS	CITY, ST, ZIP	15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation submitted in law form 11107 (1993) Florida Statutes. I further certify that this information is indicated on the annual report or supplemental annual report, if true, and is correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 and change of name after listed with an address.

SIGNATURE  **5/1/95** **818-788-0371**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR