

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P15736 (2)

1. Corporation Name

NMV HOLLYWOOD, INC.

Principal Place of Business

2700 COLORADO AVENUE  
P.O. BOX 4070  
SANTA MONICA CA 90404

Mailing Address

2700 COLORADO AVENUE  
P.O. BOX 4070  
SANTA MONICA CA 90404

FILED

96 JAN 29 PM 2:00

STATE OF FLORIDA  
TALLAHASSEE

300001708243

-02/06/96--01101--020

\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/28/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

95-4164374

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME ANDERSONS, MARIS  
STREET ADDRESS 2700 COLORADO AVENUE  
CITY-ST-ZIP SANTA MONICA CA 90404

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Michael H. Focht, Sr.  
1.3 STREET ADDRESS 2700 Colorado Avenue  
1.4 CITY-ST-ZIP Santa Monica, CA 90404

TITLE YT ☐ DELETE  
NAME MULLEN, TERENCE P.  
STREET ADDRESS 2700 COLORADO AVENUE  
CITY-ST-ZIP SANTA MONICA CA

2.1 TITLE Vice President and ☐ Change ☐ Addition  
2.2 NAME Treasurer  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ASD ☐ DELETE  
NAME BROWN, SCOTT M  
STREET ADDRESS 2700 COLORADO AVENUE  
CITY-ST-ZIP SANTA MONICA CA 90404

3.1 TITLE Senior Vice President ☒ Change ☐ Addition  
3.2 NAME and Treasurer  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AT ☐ DELETE  
NAME HIXON, LAWRENCE G  
STREET ADDRESS 2700 COLORADO AVE  
CITY-ST-ZIP SANTA MONICA CA 90404

4.1 TITLE Vice President ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME MEYERS, JOHN  
STREET ADDRESS 2700 COLORADO AVE  
CITY-ST-ZIP SANTA MONICA CA 90404

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SRV ☐ DELETE  
NAME MAYEUX, DAVID R  
STREET ADDRESS 2700 COLORADO AVE  
CITY-ST-ZIP SANTA MONICA CA 90404

6.1 TITLE Senior Vice President ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)