FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT DE STATE CORPORATION FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -2 PH 12: 36 **DOCUMENT # P15736** (2) SECRETARY OF STATE TALLAHASSEE, FLORIDA NMV HOLLYWOOD, INC. Principal Place of Business Mailing Address **MARY YUMIBE % MARY YUMIBE** 3820 STATE STREET 3820 STATE STREET SANTA BARBARA CA 93105 SANTA BARBARA CA 93105 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-4164374 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Źψ 2_{ip} Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 posted curve of registered upout and life of applicable (NOTI: Registered Agent signature requ hen reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition FOCHT, MICHAEL H NAME 1.2 NAME 3820 STATE STREET STREET ADORESS 1.3 STREET ADORESS SANTA BARBARA CA 93105 CITY-ST-ZIP 1.4 CITY-ST-ZIP 500002445236-2 -03/03/98--0H040-0H040000 TITLE EVP DELETE 2.1 TITLE FETTER, TREVOR NAME 2.2 NAME ****150.00 ****150.00 3820 STATE STREET STREET ADDRESS 2.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE BROWN, SCOTT M 3.2 NAME NAME 3820 STATE STREET STREET ADORESS 33 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 1ITLE Change Addition MCMULLEN, TERENCE P NAME 4. 2 NAME 3820 STATE STREET STREET ADDRESS 4.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 4.4 CITY-\$1-ZIP DELLTE Change Addition TILLE 51 TITLE nÁt LUNDGREN, ALAN 5.2 NAME 3820 STATE STREET STREET ADDRESS 5.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY - ST - ZIP 5.4 CITY-ST-ZIP CFO TITLE DELETE 6.1 TITLE Change Addition FETTER, TREVOR NAME 6.2 NAME **3820 STATE STREET** STREET ADDRESS 6 3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 6.4 CITY-ST-ZIP

4. 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 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.

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SIGNATURE:

CR2E034

the information

805/563-7075

2/25/98

Alan Lundgren