

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15736**

1. Corporation Name
NMV HOLLYWOOD, INC.

Principal Place of Business

% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

Mailing Address

% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current 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
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 then sign and print name of registered agent.

12. Officers and Directors

13. Additions/Changes to Officers and Directors in 12

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE **P**
NAME **FOCHT, MICHAEL H**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**
[] DELETE
TITLE **EVP**
NAME **FETTER, TREVOR**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**
[X] DELETE
TITLE **VSD**
NAME **BROWN, SCOTT M**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**
[] DELETE
TITLE **VT**
NAME **MCMULLEN, TERENCE P**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**
[] DELETE
TITLE **AS**
NAME **LUNDGREN, ALAN**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**
[] DELETE
TITLE **CFO**
NAME **FETTER, TREVOR**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

DVS
Richard B. Silver
3820 State Street
Santa Barbara, CA 93105

AS
Caitlin M. Larsen
3820 State Street
Santa Barbara, CA 93105

UP
21-116-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

Caitlin M. Larsen

Caitlin M. Larsen, ASst. Sec.

4/8/99

805/563-7075

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CR2E034 (1/1/98)