FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # 04-03-2002 90035 021 ***150.00 INVESTORS BUSINESS PAILY DO NOT WRITE IN THIS SPACE R0058730 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 12695 BEATRICE STREET BEATIZICE STREET 4. F. Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE PINE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TIT! F TITLE NAME WILLIAM J. O'NEIL NAME 12695 BEATEIGE STEET STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 90066 ANGIELES, CA TITI F TITLE NAME KATHUEEN SHERMAN NAME STREET ADDRESS 12695 BEATRICE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES. TITLE TITLE NAME EUGENE KUMAMOTO NAME 12655 BEATRICE STREET STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ANGELES, CA 90006 CITY-ST-ZIP TITLE TITLE IN THIS SPACE MARGO SCHUSTER NAME 12695 BEATRICE STREET STREET ADDRESS STREET ADDRESS ANGIELES, CA 90066 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE HEATHER DAVIS NAME STREET BEATELCE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANGELES, CA TITLE TITLE CHIODO NAME NAME BEATEVE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 11 or on an attachment with an address, with all other like empowered.

FILED