FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:34

DOCUMENT # P32338 (6)

1. Corporation Name
OPERATION CALIFORNIA, INC.

Principal Place of Business	Mailing Address
8320 MELROSE AVENUE SUITE 200 LOS ANGELES CA 90069	8320 MELROSE AVENUE SUITE 200 LOS ANGELES CA 90069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1990
3a. Date of Last Report: 03/01/1994
4. FEI Number: 95-3504080 ☐ 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

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

9. Name and Address of Current Registered Agent

BARRY, BETTY LOU
7574 MARTINIQUE BLVD.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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	D	1 1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, GARY	1 2 NAME	
STREET ADDRESS	4004 COUNTRY CLUB DR.	1 3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CA	1 4 CITY-ST-ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	WALDEN, RICHARD	2 2 NAME	
STREET ADDRESS	927 BURNSIDE AVE.	2 3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☒ Change ☐ Addition
NAME	ADAMS, TONY	3 2 NAME	
STREET ADDRESS	~~9336 W. WASHINGTON PL~~	3 3 STREET ADDRESS	11777 SAN VICENTE BL #520
CITY-ST-ZIP	~~CULVER CITY LA 90292~~	3 4 CITY-ST-ZIP	LOS ANGELES, CA 90049
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BLAKE	4 2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD	4 3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, JULIE ANDREWS	5 2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5 4 CITY-ST-ZIP	
TITLE	CD	6 1 TITLE	☐ Change ☐ Addition
NAME	JONATHAN ESTRIN	6 2 NAME	
STREET ADDRESS	2919 GRAND CANAL	6 3 STREET ADDRESS	
CITY-ST-ZIP	VENICE CA 90291	6 4 CITY-ST-ZIP	

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: Richard M. Walden — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 Date

213 658 88 76 Daytime Phone #

0481600 FP