

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33090

1. Entity Name

CRYSTAL CRUISES, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90007 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2049 CENTURY PARK E  
SUITE 1400  
LOS ANGELES CA 90067  
US

2049 CENTURY PARK E  
SUITE 1400  
LOS ANGELES CA 90067-3116  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4156825

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **SAKUMA, NAOMASA**  
STREET ADDRESS **2049 CENTURY PARK E STE 1400**  
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **WATTERS, JOSPEH A**  
STREET ADDRESS **2173 MANDEVILLE CANYTON RD**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **TAKAHASHI, MITSUHIKO**  
STREET ADDRESS **449 SOUTH ARDEN BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SAITO, YASUSHI**  
STREET ADDRESS **4612 GLENCOE AVE STE 4**  
CITY-ST-ZIP **MARINA DEL RAY CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **GORDON, DALE T**  
STREET ADDRESS **2049 CENTURY PARK E STE 1400**  
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ Change ☐ Addition  
NAME **SENIOR VICE PRESIDENT**  
STREET ADDRESS **GREGG MICHEL**  
CITY-ST-ZIP **2049 CENTURY PARK E STE 1400**  
**LOS ANGELES CA 90067**

TITLE **VP** ☐ Delete  
NAME **WERTANZL, DIETMAR**  
STREET ADDRESS **2049 CENTURY PARK E STE 1400**  
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGG MICHEL S.V.P.

3/21/00

(310) 785-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)