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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # D22112



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90053 036 ***150.00

1. Corporation COLLINS							
Principal Place of Business Mailing Address					- I (Billifilt jan titind ittill lindt tiese sies and	11 61211 bisti stati	#(B B)##!
6101 W CENTINELA AVAE 6101 W CENTINELA AVE					·		
STE 200 STE 200					DO NOT IMPLE IN T	LIIC CDACE	
CULVER CITY CA 90230 CULVER CITY CA 90230					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
<u> </u>		On Madina Address			03/12/1991 4. FEI Number		olied For
2. Principal Place of Business 2a. Mailing Address					95-4316280		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					954510200	\$8.75 A	
22 27 27					5. Certificate of Status Desired	Fee Rec	
City & State	9	City & State		,	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	У	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
				Name			
CORPORATION SERVICE CO (PRENTICE-HALL)			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET			[
SUITE 105			83				
TALLAHASSEE FL 32301			84	City		85 Zip C	ode
				'		•L	
office or nagent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized by rida Statute:	the corporations.	oration submits this statement for the purpose in a board of directors. I hereby accept the ap	pomunent as reg	Jistered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD DELETE		1.1 TITLE			Change	☐ Addition
NAME	THOMAS, CHRISTOPHER R		1.2 NAME				
STREET ADDRESS	ADDRESS 6101 W CENTINELA AVE STE 200		1.3 STREET ADDRESS				}
CITY-ST-ZIP	CULVER CITY CA 90230		1.4 CITY-	ST-ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	COLLINS, JAMES A.		2.2 NAME				
STREET ADDRESS	AAAA IN OCHTINICIA ANE OTE OOG			T ADDRESS			1
CITY-ST-ZIP	CULVER CITY CA 90230		2. 4 CITY-	ST-ZIP -	·	· · · · · · · · · · · · · · · · · · ·	
TITLE	DVS DELETE		3.1 TITLE			Change	☐ Addition
NAME	GREEN, MICHAEL B		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	CULVER CITY GA 90230		3.4. C/TY-	ST-ZiP			
TITLE	DVC DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME	TONDRO, RYAN S		4. 2 NAME	:			
STREET ADDRESS	6101 W CENTINELA AVE STE	200	4.3 STREE	ET ADDRESS			
CITY-ST-ZIP.	CULVER CITY CA 90230		4.4 CITY-	ŞT-ZIP			
TITLE	☐ DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-1				- A 2 200
TITLE		☐ DELETE	6.1 TITLE	i i		Change	Addition
NAME			6.2 NAME				1
STREET AUDRESS			6.3 STREE	T ADDRESS			

CITY-ST-ZIP 14. 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 amountained the receiver of the corporation of the corporation of 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 amountained to the receiver of the corporation 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 amountained to the corporation of the corporation of the corporation 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 amountained to the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE:

REWEDINGED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(310) 568-0135