

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36259

1. Entity Name

FESTIVAL MANAGEMENT CORPORATION

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 003 ***550.00

Principal Place of Business

1725 CLOVERFIELD BLVD
SANTA MONICA CA 90404
US

Mailing Address

1725 CLOVERFIELD BLVD
SANTA MONICA CA 90404
US

2. Principal Place of Business

9841 AIRPORT BLVD

3. Mailing Address

9841 AIRPORT BLVD

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

LOS ANGELES CA

City & State

LOS ANGELES CA

4. FEI Number

95-4335127

Applied For

Not Applicable

Zip

90045

Country

USA

Zip

90045

Country

USA

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

~~CHARLIE MCKIN, VIRGINIA~~ PATRICIA GUTIERREZ
3520-110 W 18TH AVENUE
3805-100 W. 20TH AVENUE
HIALEAH FL 33012

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
NAME ARFA, RICHARD S.
STREET ADDRESS ~~1725 CLOVERFIELD BLVD.~~
CITY-ST-ZIP SANTA MONICA CA ☐ Delete

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

TITLE V
NAME KENNEDY, KAREN
STREET ADDRESS ~~1725 CLOVERFIELD BLVD.~~
CITY-ST-ZIP SANTA MONICA CA ☐ Delete

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

TITLE C
NAME MERCER, STUART L.
STREET ADDRESS ~~1725 CLOVERFIELD BLVD~~
CITY-ST-ZIP SANTA MONICA CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

(310) 665 9615

Daytime Phone #