

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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90040 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P38051

1. Corporation Name

LEVY HOME ENTERTAINMENT, INC.

Principal Place of Business

4201 RAYMOND DR.  
HILLSIDE IL 60162

Mailing Address

1200 NORTH BRANCH  
CHICAGO IL 60622  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1992

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

36-2672363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

TITLE ☐ DELETE

NAME P  
KLOSTER, CAROL G  
STREET ADDRESS 1200 N. NORTH BRANCH ST.  
CITY-ST-ZIP CHICAGO IL 60622

TITLE ☐ DELETE

NAME TS  
SMILEY, MARK A.  
STREET ADDRESS 2100 N NORTH BRANCH ST  
CITY-ST-ZIP CHICAGO IL 60622

TITLE ☐ DELETE

NAME VPGM  
REESE, HOWARD  
STREET ADDRESS 4201 RAYMOND DR  
CITY-ST-ZIP HILLSIDE IL 60162

TITLE ☐ DELETE

NAME VPO  
CARROZZA, TONY  
STREET ADDRESS 4201 RAYMOND DR  
CITY-ST-ZIP HILLSIDE IL 60162

TITLE ☐ DELETE

NAME VPS  
HESSELBACH, MICHEAL  
STREET ADDRESS 4160 MADISON STREET  
CITY-ST-ZIP HILLSIDE IL 60162

TITLE ☐ DELETE

NAME AS  
HARRIS, LINDA C.  
STREET ADDRESS 1200 N. BRANCH ST.  
CITY-ST-ZIP CHICAGO IL 60622

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 an address, with all other like empowered.

SIGNATURE:

William B. Nelson, 2/12/99 (312) 440-4400  
TREASURER

Date

Daytime Phone #

CR2E034 (1/98)