FILE	NOW:	FILING	FEE	AFTER	MAY	1ST	15, \$5	50.00

COF ANNI	PROFIT RPORATION UAL REPORT 1999 MENT # P40	FLORIDA DEPART Katherine Secretary DIVISION OF CO	e Harris of State		ID 81112: 17		
1. Corporation		NS INTERNA	TONAL	To William	[a] GIVIE		
Scici	410000 j	Іпсогро	•	150 (A.A. A.	and A.C. aDA		
		TIROUPO	rarcu				
6331 H	tollywood Blud. F Ngeles, CA 90021	LOS	HOLYWO ANGELES:	Od Blud . #500 CA. DO NOT WRITE IN TH	IIS SPACE		
	•			3. Date Incorporated or Qualifed 08 (17/1992			
2. Principal P	Place of Business	2a. Mailing Address	············	4. FEI Number	Applied For		
21		26	·,	95-3739098	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	7		
Zip	Country	Zip	Country	This corporation owes the current year	Added to Fees Intangible		
24	25	29 3	0	Personal Property Tax.	☐ Yes XNo		
	9. Name and Address of Current		B1 Name	10. Name and Address of New Registere	d Agent		
HOBE	art E. Johnson				· · · · · · · · · · · · · · · · · · ·		
100	N. Tampa St	, Ste. 350	Street	Address (P.O. Box Number is Not Acceptable)			
	•		83				
lan	npa, FL. 3	3609	B4 City	F	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		
agent. La	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607,0505, Florid	iorized by the corpo a Statutes.	oration's board of directors. I hereby accept the app	ointment as registered		
SIGNATURE		Total A Control					
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature ri	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TITLE	PD	DUSELETE	1 1 TITLE	PD	AND DIRECTORS IN 12 Change [] Addition		
NAME	BEATE GORDON	- · · · ·	1.2 NAME	5-4 C			
STREET ADDRESS	, -		1.3 STREET ADDRESS	· Ö			
CITY-ST-ZIP	, -: -: -: -: -: -: -:	U derete	1.4 CiTY+ST-ZIP	LOS ANGELES, CA.	. Change Liveding S		
TITLE NAME	FREYA OLSON	F1 nerese	21 TITLE 22 NAME		[Change Addition O		
STREET ADDRESS	1 4 = 3 : 11 - 11 : 4 =	d Blud.	23 STREET ADDRESS				
CITY-ST-ZIP	Los Angeles,	CA. 90028			1		
TITLE	TO	☐ DELETE	31 TITLE		[] Change [] Add tion		
NAME	CLAIRE EDWARD	5 m, ,	32 NAME 1	600 <u>0029</u> 3	-01091007		
STREET ADDRESS	6331 HONYWO	od biva.	33 STREET ADDRESS	*****81,2	5 *****61.25		
CITY-ST-ZIP TITLE	Los Angeles, Cf	3. 90028	34 CITY-ST-ZIP		[] Change [] Addition		
NAME			4 2 NAME		E , on ange E , j , too too.		
STREET ADDRESS		\	43 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE		[] Change [] Addition		
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS 5 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			61 TITLE		[Change Addition		
NAME			6 2 NAME		(1 - 1 - 2 a		
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-2IP	<u> </u>		64 CITY-ST-ZIP				
 14. I hereby of indicated 	certify that the information supplied with on this annual report or supplemental a	this filing does not qualify for the innual report is true and accural	ie exemption stated le and that my signi	in Section 119.07(3)(i). Florida Statutes. I further of iture shall have the same legal effect as if made ur	ertify that the information nder path; that I am an		

323960 - 3570