

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90114 009 \*\*\*150.00

**DOCUMENT # P40792**

1. Entity Name  
**CARLSBERG RECREATIONAL PROPERTIES, INC.**

Principal Place of Business 6171 W. CENTURY BLVD. STE 100 LOS ANGELES CA 90045	Mailing Address 6171 W. CENTURY BLVD. STE 100 LOS ANGELES CA 90045
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00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>95-4169199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
**CT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 City  
**Plantation** **FL** Zip Code  
**33324**

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 *Scot Ferraro* **Scot Ferraro** DATE **1/3/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GEARY, WILLIAM W., JR.</b> <b>6171 W. CENTURY BLVD STE 100</b> <b>LOS ANGELES CA 90045</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHIEBEL, KATHRYN S</b> <b>6171 W. CENTURY BLVD STE 100</b> <b>LOS ANGELES CA 90045</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GEARY, WILLIAM W JR.</b> <b>6171 W. CENTURY BLVD. STE 100</b> <b>LOS ANGELES CA 90045</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LA VELLE, BARBARA J</b> <b>6171 W. CENTURY BLVD. STE 100</b> <b>LOS ANGELES CA 90045</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *William W. Geary Jr* **William W. Geary Jr** DATE **1/10/01** 310-258-9000  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)