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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

| | 1990 | DIVISIONO | CON ONATI | | | | | |
|---|--|--|---------------------------|--|---|---|-----------------------|------------------------|
| DOCUN 1. Corporation | MENT # P940(| 00076788 (6 | 5) | | 95 JAN 29 | PH 2: 01 | | |
| , | IB (SMHS), INC. | • | • | | | i, alhic | | |
| AIVIIOU | o (olvirio), livo. | | | | | DIAN KULUKAN KADARA | 1801 18818 81411 1881 | DI MARON IDIN MADA |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | *************************************** | 2111 12212 E1111 1241 | /· 19:01 18:1 1881 |
| 2700 COLORADO AVE. 2700 COLORADO AVE. SANTA MONICA CA 90404 SANTA MONICA CA 90404 | | | | | | | | |
| US | IOA OA WAY | US | 0.07 | | 3. Date Incorporated | or Qualified 3. | Date of Last Re | enort |
| | | | | | 10/19/1994 | or decimon Da, | 04/12/19 | • |
| - n | ace of Business | 2a. Mailing Address | laiting Address | | 4, FEI Number | | 1 | Applied For |
| 21 Suite, Apt. 4 | f etc | Suite Act # etc | Suite, Apt. #, etc. | | \$9.71 | | Vot Applicable | |
| 22 | -, & | 27 | | | 5. Certificate of Status | Desired | | Additional Required |
| City & State |) | Crty & State | | | 6. Election Campaign | Financing 🗖 | \$5.00 | O May Be |
| 23 | Constant | 28 | T | | Trust Fund Contribu | ···· | | to Fees |
| Ζιρ 24 | Country 25 | Ζφ 29 | Countr 30 | у | This corporation ha Florida Statutes | s liability for intangil N ☐ Yes ☐ N | | 199.032, |
| | g, Name and Address of Curre | | | | 10. Name and Addres | s of New Registe | red Agent | |
| | | | | Name C T Corporation System | | | | |
| PRENTICE-HALL CORPORATION SYSTEM INC. | | | | Street Addr | t Address (P.O. Box Number is Not Acceptable) | | | |
| 1201 HAYS ST. | | | | 1200 | S. Pine Island | 1 Koad | | ~ |
| SUITE 1 | 104 IASSEE FL 32301 | | _ | | | | - | |
| INCLINI | INVOLET E DEOCT | | 84 | Plant | ation | | | 3324 |
| 11. Pursuant t | to the provisions of Sections 607.050 ed agent, or both, in the State of Flo |)2 and 607.1508, Florida Statute | es, the above | named corpor | ration submits this statemer | nt for the purpose o | of changing its re | egistered office |
| familiar wit | th, and accept the obligations of, Sec | otion 607,0505, Florida Statutes | | poration 9 bost | d or threctors. Thereby acc | орг те арропить | it as registered | agoni. ram |
| SIGNATURE E | Signature: typerijus virtert name of registeren ag- | ct and tile if application (NC | .T. Fit | zpatric ent signatura requira | k, Asst. Secre | tary | 1-25-96 | |
| 12. | | NO DIRECTORS | 13. | ant agrenore to the o | ADDITIONS/CHAN | SES TO OFFICERS | AND DIRECTO | RS IN 12 |
| THE | DSVP | DEVELE | 1 1 DILE | S | ecretary | 70000 | Cnange | Addition |
| NAME | BROWN, SCOTT M. | | 1.2 NAME | | • | -02/06/96 | 01101- | 3 <u>~</u> 17 |
| STREET ADDRESS | 2700 COLORADO AVE. | | | RESIDENT TO THE PART OF THE PA | | ****200.1 | | 200.00 |
| Colly St. Zig. | SANTA MONICA CA | □ DELETE 2 1 T | | ST-ZIP | | | Change | Addition |
| NAME | FOCHT, MICHAEL H. | | 2 2 NAME | | | | | |
| STHEE! ADDRESS | 2700 COLORADO AVE. | | 2.3 STREE | T ADDRESS | | | | |
| CICY-\$1 700 | SANTA MONICA CA | F3 priore | 2 4 CITY - | | | | | |
| TITLE NAME | EVP | DELETE | 3 17111.6 | | | | Change | ☐ Addition |
| NAME STHEFT ADDRESS | MACKEY, THOMAS B. 2700 COLORADO AVE. | | 3 2 NAME | ET ADDRESS | | | | |
| CHY-ST-ZIP | SANTA MONICA CA | | 3.4 CITY - | | , | | | |
| 180 | VPT | DELETE | 4. 1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | MCMULLEN, TERENCE | | 4.2 NAME | | | | | |
| STEEL ADDRESS | 2700 COLORADO AVE. | | | .I ADDRESS | | | | |
| CHY ST ZIP TITLE | SANTA MONICA CA | [] DELETE | 4.4 City - 5 1 Title | | | | [] Change | ☐ Addition |
| NAM(| EVP SMITH, W. RANDOLPH | Florer | 5 2 NAME | | | | onange | |
| STREET ADDRESS | 14001 DALLAS PARKWAY, | STE. 200 | 1 | 1 ADDRESS | | | | |
| City - St - ZiF | DALLAS TX | | 5 4 CHTY - | | | | | |
| THILE | VAS | ☑ DELETE | 6 1 TITLE | | | | ☐ Change | Addition |
| NAME | SABATINO JR., THOMAS J | | 6.2 NAME | | | | | |
| STREET ADDRESS | 14001 DALLAS PARKWAY | STE. 200 | | T ADDRESS | 4 | | | |
| CIN+S(-ZiF 14. I do hereb | DALLAS TX 75240 Dy certify that the information supplied | d with this filing is voluntarily form | 64 CiTY- nished and do | | or the exemption stated in | Section 119.07/3/k | (), Florida Statut | es. I further |
| certify that | t the information indicated on this and I am an officer or director of the con- | nual report or supplemental ann | ual report is t | rue and accura | ate and that my signature s | hall have the same | legal effect as if | f made under |
| appears in | n Block 12 or Block 13 if changed, or | r on an attachment with an addi | ress. | . LO CAUGUIO III | o report as required by Off | aprocoor, rionad c | naturos, and the | actory rice (RC |

NAME OF SIGNING OFFICER OR DIRECTOR

1/24/94 (310)998-8427
Dete Dete Determent