

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

04 MAR -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000060625 1. Entity Name ORNDA FMC, INC.		Mailing Address C/O XXXXX Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105	
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105		2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0638327	
City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STEIGMAN, DONALD S <input type="checkbox"/> Delete STREET ADDRESS 500 W. CYPRESS CREEK ROAD CITY-ST-ZIP FORT LAUDERDALE, FL 33309	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 000029922710 CITY-ST-ZIP 03/03/04--01062--001 17636.25	TITLE Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Caitlin M. Larsen STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105	
TITLE DVS <input checked="" type="checkbox"/> Delete NAME SILVER, RICHARD B STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105	TITLE Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina A. Mack STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105		
TITLE AS <input checked="" type="checkbox"/> Delete NAME LARSEN, CAITLIN M STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input type="checkbox"/> Delete NAME DENT, DENNIS L STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kristina A. Mack</u> Kristina A. Mack, Asst. Secretary <u>2/20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			