

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90090 040 ***150.00

DOCUMENT # P95000076287

1. Entity Name

WILTON EAST COAST PARTNERS, INC.

Principal Place of Business

Mailing Address

11022 SANTA MONICA BLVD.
 SUITE 450
 LOS ANGELES CA 90025

11022 SANTA MONICA BLVD.
 SUITE 450
 LOS ANGELES CA 90025-3339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11111 Santa Monica Blvd.

11111 Santa Monica Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Los Angeles, CA

Los Angeles, CA

Zip

Country

Zip

Country

90025

USA

90025

USA

4. FEI Number

95-4548974

Applied For

95-4645040

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **P** ☐ Delete
 NAME **WILTON, JAY**
 STREET ADDRESS **11022 SANTA MONICA BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE ☐ Change ☐ Addition
 NAME **Address change only:**
 STREET ADDRESS **11111 Santa Monica Blvd., Suite 500**
 CITY-ST-ZIP **Los Angeles, CA 90025**

TITLE **VPST** ☒ Delete
 NAME **WILTON, CHERYL**
 STREET ADDRESS **11022 SANTA MONICA BLVD.**
 CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE ☐ Change ☒ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Scott D. Mayer**
 CITY-ST-ZIP **11111 Santa Monica Blvd., Suite 500**
Los Angeles, CA 90025

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

Jay H. Wilton
President

4/20/00

(310) 444-6377

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #