

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90130 001 \*1,100.00

**DOCUMENT # P97000048077**

1. Entity Name  
**TIERRA VISTA SAHP CORP.**



Principal Place of Business

**1 SUNAMERICA CENTER  
37TH FLOOR  
LOS ANGELES, CA 90067**

Mailing Address

**1 SUNAMERICA CENTER  
37TH FLOOR  
LOS ANGELES, CA 90067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**58-2326291**

Applied For

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME PUZON, VIRGINIA N  
STREET ADDRESS 1 SUNAMERICA CENTER  
CITY-ST-ZIP LOS ANGELES, CA 900676022

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

TITLE TD ☐ Delete  
NAME TILLIS, SCOTT N  
STREET ADDRESS 1 SUNAMERICA CENTER  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE ☒ Change ☐ Addition  
NAME **Gillis**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WINTROB, JAY S.  
STREET ADDRESS 1 SUNAMERICA CENTER  
CITY-ST-ZIP LOS ANGELES, CA 90067

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

TITLE P ☐ Delete  
NAME FOWLER, MICHAEL L.  
STREET ADDRESS 1 SUNAMERICA CENTER  
CITY-ST-ZIP LOS ANGELES, CA 90067

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

TITLE V ☒ Delete  
NAME PROOST, ROBERT L.  
STREET ADDRESS 1 SUNAMERICA CENTER  
CITY-ST-ZIP LOS ANGELES, CA 90067

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Virginia Puzon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/26/04 (310) 772-6541*  
Date Daytime Phone #