FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90172 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80116431

DOCUMENT # P97000087676

1. Entity Name
GENESIS PROPERTIES, INC.

Principal Place of Business	Mailing Address
5805 SEPULVEDA BLVD STE 880 VAN NUYS, CA 91411-2522	5805 SEPULVEDA BLVD STE 880 VAN NUYS, CA 91411-2522

2. Principal Place of Business	3. Mailing Address
468 N. Camden Dr	468 N. Camden Dr
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State: Beverly Hills, CA	City & State: Beverly Hills, CA
Zip: 90210 Country: USA	Zip: 90210 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3509209 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EL-BATRAWI, RAMY
501 S. DAKOTA AVENUE, STE B-2
TAMPA, FL 33606-2501

7. Name and Address of New Registered Agent
Name: Douglas E Jacobson
Street Address (P.O. Box Number Is Not Acceptable): 1413 S. Howard Ave
#214
City: Tampa FL Zip Code 33629

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] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACOBSON, DOUGLAS	NAME	
STREET ADDRESS	501 S. DAKOTA AVENUE, STE B-2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336062501	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACOBSON, DOUGLAS E	NAME	
STREET ADDRESS	501 S. DAKOTA AVENUE, STE B-2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336062501	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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. Douglas E Jacobson

SIGNATURE: [signature] 5/1/03 (818) 809-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #