

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045135

1. Entity Name
MALIBU HOLDINGS, INC.

Principal Place of Business
550 S ORGAN BLVD
#103 E
MANALAPAN FL 33462

Mailing Address
2901 NORMANSTONE NW
WASHINGTON DC 20008

2. Principal Place of Business
550 S. OLEAN BL
Suite, Apt. #, etc.
102 E
City & State
MANALAPAN, FL
Zip
33462
Country
USA

3. Mailing Address
2020 AVE OF STARS
Suite, Apt. #, etc.
290
City & State
LOS ANGELES CA
Zip
90067
Country
USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 PM 4:00



REINSTATEMENT

4. FEI Number 58-2427445
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITMIRE, DRENNEN-L JR
FLEMING HAILE & SHAW PA
450 ROYAL PALM WAY
PALM BEACH FL 33480

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.

SIGNATURE DATE 12/6/01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TRUTANIC, RICHARD S	
STREET ADDRESS	2901 NORMANSTONE NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUTANIC, CYNTHIA H	
STREET ADDRESS	2901 NORMANSTONE NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004740255-2	
STREET ADDRESS	-12/26/01-01109-010	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: DATE 11-2-01 DAYTIME PHONE # 30557-2540

0597167

OR2E034 (10/00)