

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90612 015 ***150.00

0017077 AB

DOCUMENT # P98000045135

1. Entity Name

MALIBU HOLDINGS, INC.

Principal Place of Business

Mailing Address

550 S OCEAN BLVD
 #103 E
 MANALAPAN FL 33462

2020 AVE OF STARS
 #290
 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

15301 VENTURA BL
 BLVD B SUITE 480
 SHERMAN OAKS, CA
 91403 USA

4. FEI Number

58-2427445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMIRE, DRENNEN L JR
 FLEMING HAILE & SHAW PA
 450 ROYAL PALM WAY
 PALM BEACH FL 33480

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

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, 2002 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 ☐ Delete
 NAME D
 STREET ADDRESS TRUTANIC, RICHARD S
 CITY-ST-ZIP 2901 NORMANSTONE NW
 WASHINGTON DC 20008

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 550 S. OCEAN BL #103 E
 CITY-ST-ZIP MANALAPAN, FL 33462

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TRUTANIC, CYNTHIA H
 CITY-ST-ZIP 2901 NORMANSTONE NW
 WASHINGTON DC 20008

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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.

SIGNATURE:

Richard S. Trutanic
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-02

310 557 2540

CR2E034 (9/01)