


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90168 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 828149
 1. Entity Name
DMJMH+N, INC.



Principal Place of Business
 999 TOWN & COUNTRY ROAD
 ORANGE, CA 92868

Mailing Address
 999 TOWN & COUNTRY ROAD
 ORANGE, CA 92868

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 95-2084998		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

I, 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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOVAHIP FEE IS \$50.00
 After May 1, 2003 Fee will be \$50.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CRAIG B 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, Director Craig B. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BOVAL, LAWRENCE S 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP, COO, Director Lawrence S. Boval <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SMITH, DOUGLAS D 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP, Asst. Secretary Douglas D. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LANDY, RAYMOND A 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raymond A. Landy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP STEINKE, PAUL D 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP Paul D. Steinké <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP CANDELA, HILARIO 999 TOWN & COUNTRY RD. ORANGE, CA 92868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary Robyn L. Miller 515 S. Flower St. Los Angeles, CA 90071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Robyn L. Miller **4/24/03 213-593-8186**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

Robyn L. Miller, Secretary

CR20034 (10/02)