

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005695

Entity Name: PS FLORIDA ONE DYER/WEST MAIN, INC.**Current Principal Place of Business:**701 WESTERN AVE
GLENDALE, CA 91201-2349**Current Mailing Address:**701 WESTERN AVE
GLENDALE, CA 91201-2349 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name VITAN, NATHAN
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title TREASURER, DIRECTOR
Name ADAMS, DREW
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name LINDER, SHARON
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name FRIEDMAN, ANDRES
Address 701 WESTERN AVENUE
SUITE 200
City-State-Zip: GLENDALE CA 91201

Title PRESIDENT, DIRECTOR
Name SPIDELL, TERRANCE F.
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name FABRICANT, DAN
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title ASST. SECRETARY
Name BABINSKI, STEVEN
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name DOTSON, WINONA
Address 701 WESTERN AVENUE
SUITE 200
City-State-Zip: GLENDALE CA 91201

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DREW ADAMS**TREASURER****02/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name MCGOWAN, MICHAEL
Address 701 WESTERN AVENUE
SUITE 200
City-State-Zip: GLENDALE CA 91201

Title VP
Name WILLIAMS, ROBBIE
Address 701 WESTERN AVENUE
SUITE 200
City-State-Zip: GLENDALE CA 91201