

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 MAR 12 AM 5:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2002-2003 UBR



000013140870
 02/26/03--01057--002 **150.00

DOCUMENT # **F96000000330**

1. Corporation Name

FASTFRAME U.S.A., INC.

Principal Place of Business

1200 LAWRENCE DR
 SUITE 300
 NEWBURY PARK CA 91320

Mailing Address

1200 LAWRENCE DR
 SUITE 300
 NEWBURY PARK CA 91320

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1996

5. FEI Number

77-0130170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CFOD	LOVE, ROBERT S	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320
VPD	OLIVER, FRANKLIN	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320
OD	CARFIELD, IRWIN	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320
D	FLETCHER, ARTHUR J	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320
D	LEVINE, BILL	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320
D	THOMPSON, ANDREW	1200 LAWRENCE DR, SUITE 300	NEWBURY PARK CA 91320

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000013140870
 03/11/03--01044--007 **150.00

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

James A. Bordonaro

Assistant Secretary

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02
 Date

(805) 498-4463
 Daytime Phone #

CR2E040 (8/02)



2018

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS	CITY/STATE/ZIP
CEOD	HARPER, BRIAN	1200 LAWRENCE DR. SUITE 300	NEWBURY PARK, CA 91320
CFOD	THOMPSON, LESLEY	1200 LAWRENCE DR. SUITE 300	NEWBURY PARK, CA 91320



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October 24, 2002

State of Florida
Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
~~Tallahassee, FL 32314-6327~~

Dear Sir:

Enclosed please find the completed Application for Reinstatement and our check # 7358 In the amount of \$ 150.00. We have filed annually since 1996 but did not receive the two prior uniform business report notices for this year. So we ask you to please waive the penalty. Thank you!

Sincerely,

Robert S. Love
CFO

Encl.