

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CORPORATION DIVISION

DOCUMENT # **P14421**

(2)

1. Corporation Name

FACILITY MERCHANDISING, INC.

Principal Place of Business

Mailng Address

%GEORGE SMITH, MCA INC
100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608

%GEORGE SMITH, MCA INC
100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. State Apt # Job

26. State Apt # Job

22. City & State

27. City & State

23. Zip

24. Zip

28. Zip

29. Zip

3. Date of Incorporation (or Reincorporation)

05/12/1987

3a. Date of Last Report

04/14/1994

4. FFI Number

95-3618027

Applied Fee

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Under Statute ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above named corporation hereby this statement for the purpose of changing its registered office (or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.02 and 607.03, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	P
NAME	ARENSEN, MILTON
STREET ADDRESS	80 UNIVERSAL CITY PLAZA
CITY, ST, ZIP	UNIVERSAL CITY CA
OFFICER	SD
NAME	SAMUEL, MICHAEL
STREET ADDRESS	100 UNIVERSAL CITY PLZA.
CITY, ST, ZIP	UNIVERSAL CITY CA
OFFICER	TD
NAME	BAKER, RICHARD E.
STREET ADDRESS	100 UNIVERSAL CITY PLZA.
CITY, ST, ZIP	UNIVERSAL CITY CA
OFFICER	VD
NAME	SMITH, GEORGE
STREET ADDRESS	100 UNIVERSAL CITY PLZA.
CITY, ST, ZIP	UNIVERSAL CITY CA
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information furnished with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, of this filing. I have changed or corrected the information furnished with an address.

SIGNATURE: *George Smith* George Smith, Vice President

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

(818) 777-1343

Telephone No.