


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90032 021 ***150.00

DOCUMENT # P14421 1. Entity Name FACILITY MERCHANDISING, INC.	
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Principal Place of Business FACILITY MERCHANDISING INC. 5959 TOPANGA CYN #125 WOODLAND HILLS, CA 91367 US	Mailing Address FACILITY MERCHANDISING INC. 5959 TOPANGA CYN #125 WOODLAND HILLS, CA 91367 US
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04000100



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3639471	Applied For Not Applicable
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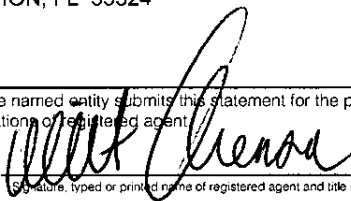
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE



MILTON ARENSON

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

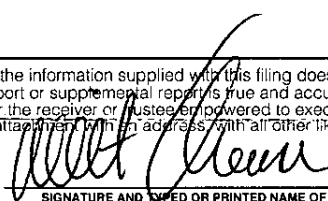
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARENSON, MILTON 5959 TOPANGA CYN BLVD., STE 125 WOODLAND HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARENSON, ROBERT 5959 TOPANGA CYN BLVD, STE 125 WOODLAND HILLS, CA 91367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:



MILTON ARENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

(818) 703-6690

Daytime Phone #