

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90054 026 \*\*\*150.00

0656406 SP

**DOCUMENT # P97000084502**

1. Entity Name  
**KAHALA CORP.**

Principal Place of Business      Mailing Address

**200 E. ROBINSON STREET**      **7730 E GREENERY RD**  
**SUITE 450**      **SUITE 104**  
**ORLANDO, FL 32801**      **SCOTTSDALE AZ 85260**

925624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**7730 E. Greenway Rd.**      **7730 E. Greenway Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite #104**      **Suite #104**

City & State      City & State

**Scottsdale, AZ**      **Scottsdale, AZ**

Zip      Country      Zip      Country

**85210**      **USA**      **85260**      **USA**

4. FEI Number      Applied For

**59-3474394**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City      FL      Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKWELL, KEVIN	
STREET ADDRESS	7730 EAST GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUARINO, DAVID	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	V	<input type="checkbox"/> Delete
NAME	REAGAN, MICHAEL	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLACKWELL, KATHRYN	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORLISS, ROBERT	
STREET ADDRESS	1950 VAUGHN RD	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATO, DON	
STREET ADDRESS	6934 E 5TH AVENUE	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Trimbach	
STREET ADDRESS	8490 Sunset Blvd; Ste #610	
CITY-ST-ZIP	West Hollywood, CA 90069-1912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexandria Phillips	
STREET ADDRESS	2041 Rosecrans Avenue; Ste. # 363	
CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Shah	
STREET ADDRESS	6677 N. Lincoln Ave	
CITY-ST-ZIP	Lincolnwood, FL 60712	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn Blackwell	
STREET ADDRESS	7730 E. Greenway Rd., Ste. #104	
CITY-ST-ZIP	Scottsdale, AZ 85260	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael Reagan - VP Gen Counsel 1/29/02 443-0200 K18 (450)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)