

Fill in this information to identify the case:

Debtor Name Kast Media INC

United States Bankruptcy Court for the: Central District of California

Case number: 1:24-bk-10396-MB

Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

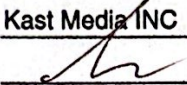
12/17

Month: March 2025 Date report filed: 04/04/2025  
MM/DD/YYYY

Line of business: N/A NAISC code: \_\_\_\_\_

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Kast Media INC

Original signature of responsible party: 

Printed name of responsible party: Kast Media INC

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes No N/A

**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

- |                                                                                                    |                                     |                          |                                     |
|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Have you timely filed all other required government filings?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |                                                                                                           |                          |                                     |                          |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Kast Media INC

Case number 1:24-bk-10396-MB

- 17. Have you paid any bills you owed before you filed bankruptcy?
- 18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

## 2. Summary of Cash Activity for All Accounts

19. **Total opening balance of all accounts** \$ 87,504.46  
 This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.
20. **Total cash receipts**  
 Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.  
 Report the total from *Exhibit C* here. \$ 65,593.24
21. **Total cash disbursements**  
 Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.  
 Report the total from *Exhibit D* here. - \$ 33,186.68
22. **Net cash flow** + \$ 32,406.56  
 Subtract line 21 from line 20 and report the result here.  
 This amount may be different from what you may have calculated as *net profit*.
23. **Cash on hand at the end of the month** = \$ 119,911.02  
 Add line 22 + line 19. Report the result here.  
 Report this figure as the *cash on hand at the beginning of the month* on your next operating report.  
 This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. **Total payables** \$ 38,211.56  
*(Exhibit E)*

Debtor Name Kast Media INC

Case number 1:24-bk-10396-MB

#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 71,614.27  
*(Exhibit F)*

#### 5. Employees

26. What was the number of employees when the case was filed? 0  
 27. What is the number of employees as of the date of this monthly report? 0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ \_\_\_\_\_  
 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 127,340.27  
 30. How much have you paid this month in other professional fees? \$ 0.00  
 31. How much have you paid in total other professional fees since filing the case? \$ 0.00

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<u>Column A</u>	-	<u>Column B</u>	=	<u>Column C</u>
	<b>Projected</b>		<b>Actual</b>		<b>Difference</b>
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. <b>Cash receipts</b>	\$ <u>35,000.00</u>	-	\$ <u>65,593.24</u>	=	\$ <u>30,593.24</u>
33. <b>Cash disbursements</b>	\$ <u>32,000.00</u>	-	\$ <u>33,186.68</u>	=	\$ <u>1,186.68</u>
34. <b>Net cash flow</b>	\$ <u>3,000.00</u>	-	\$ <u>32,404.56</u>	=	\$ <u>29,404.56</u>
35. Total projected cash receipts for the next month:					\$ <u>30,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>25,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>5,000.00</u>

Debtor Name Kast Media INC

Case number 1:24-bk-10396-MB

## 8. Additional Information

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If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.



In Re:  
  
 Kast Media, LLC  
  
 Debtor(s).

CHAPTER 11 (BUSINESS)  
  
 Case Number: 2:23-bk-12637-NB  
 Operating Report Number: 3  
 For the Month Ending: 31-Mar-25

I. CASH RECEIPTS AND DISBURSEMENTS  
 A. (DIP ACCOUNT\*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
3. BEGINNING BALANCE:	86,504.46
4. RECEIPTS DURING CURRENT PERIOD:	65,593.24
5. BALANCE:	152,097.70
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD	(33,186.68)
7. ENDING BALANCE:	118,911.02
8. General Account Number(s):	9509
	DIP Account (Operating)
Depository Name & Location:	East West Bank



EXHIBIT D - DISBURSEMENTS

In Re:
Kast Media, LLC
Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	1:24-bk-10396-MB
Operating Report Number:	3
For the Month Ending:	31-Mar-25

I. CASH RECEIPTS AND DISBURSEMENTS  
B. (TAX ACCOUNT\*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	0.00
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	0.00
3. BEGINNING BALANCE:	500.00
4. RECEIPTS DURING CURRENT PERIOD:	0.00
5. BALANCE:	500.00
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD	0.00
7. ENDING BALANCE:	500.00
8. General Account Number(s):	9523
Depository Name & Location:	DIP Account (Tax) East West Bank

\* All receipts must be deposited into the general account.  
 \*\* Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.  
 \*\*\*This amount should be the same as the total from page 2.



TOTAL DISBURSEMENTS FROM DIP ACCOUNT FOR CURRENT PERIOD

Date mm/dd/yyyy	Check Number	Payee	Purpose	Amount	Transfer to dIP
TOTAL DISBURSEMENTS THIS PERIOD:				0.00	0.00

0.00

EXHIBIT D - DISBURSEMENTS

In Re:
Kast Media, Inc
Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	1:24-bk-10396-MB
Operating Report Number:	3
For the Month Ending:	31-Mar-25

I. CASH RECEIPTS AND DISBURSEMENTS

B. (PAYROLL ACCOUNT\*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
3. BEGINNING BALANCE:		500.00
4. RECEIPTS DURING CURRENT PERIOD:		0.00
5. BALANCE:		500.00
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD		
7. ENDING BALANCE:		500.00
8. General Account Number(s):	9516	
	DIP Account (Payroll)	
Depository Name & Location:	East West Bank	

\* All receipts must be deposited into the general account.

\*\* Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.

\*\*\*This amount should be the same as the total from page 2.

TOTAL DISBURSEMENTS FROM DIP ACCOUNT FOR CURRENT PERIOD

Date mm/dd/yyyy	Check Number	Payee	Purpose	Amount	Transfer to dIP
TOTAL DISBURSEMENTS THIS PERIOD:				0.00	0.00

0.00

**Kast Media Inc**  
**A/P Aging Summary**  
As of March 31, 2025

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>91 and over</b>	<b>Total</b>
Abigail Newhouse		2,550.00		600.00		3,150.00
Conor M Powell		2,750.00				2,750.00
Leslie Cohen Law PC			20,000.00			20,000.00
Nonny Okwelogu		1,252.99	1,250.00			2,502.99
Sarah Batcheller		1,250.00				1,250.00
Sarah James McLaughlin	1,300.00					1,300.00
Colin Thomson	7,258.57					7,258.57
<b>TOTAL</b>	<b>\$ 8,558.57</b>	<b>\$ 7,802.99</b>	<b>\$ 21,250.00</b>	<b>\$ 600.00</b>	<b>\$ 0.00</b>	<b>\$ 38,211.56</b>

Friday, Apr 04, 2025 08:54:34 AM GMT-7

**Kast Media Inc**  
**A/R Aging Summary**  
 As of March 31, 2025

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Apple Podcasts	3,748.63					3,748.63
Cariuma Central Pte Ltd					8,160.00	8,160.00
DoorDash					1,275.00	1,275.00
Horizons Media, Inc.					893.57	893.57
JuneShine, Inc.					1,275.00	1,275.00
Katz Media Group, Inc.					7,542.50	7,542.50
Microdose					2,625.00	2,625.00
PodcastOne	4,333.71	-1,695.36		24,882.48	-7,112.55	20,408.28
SoundStack, Inc.	2,313.88		733.88	296.45	17,130.25	20,474.46
TFPFET, LLC					1,150.00	1,150.00
The Jordan Harbinger Show					1,750.00	1,750.00
Triton					2,311.83	2,311.83
<b>TOTAL</b>	<b>\$ 10,396.22</b>	<b>-\$ 1,695.36</b>	<b>\$ 733.88</b>	<b>\$ 25,178.93</b>	<b>\$ 37,000.60</b>	<b>\$ 71,614.27</b>

Friday, Apr 04, 2025 08:54:59 AM GMT-7



9300 Flair Dr., 1St FL  
 El Monte, CA. 91731

**ACCOUNT STATEMENT**

Page 1 of 2  
 STARTING DATE: March 01, 2025  
 ENDING DATE: March 31, 2025  
 Total days in statement period: 31  
 9509  
 ( 0)

KAST MEDIA INC  
 CHAPTER 11 DEBTOR IN POSSESSION  
 CASE #24-10396  
 (OPERATING)  
 PO BOX 8175  
 VAN NUYS CA 91409-8175

Protecting the security of your account and personal information is our top priority. Learn about our online security best practices and tips on how to protect yourself from cybercrime by visiting [eastwestbank.com/privacy-and-security](http://eastwestbank.com/privacy-and-security).

**Business Elite**

Account number	55-00019509	Beginning balance		\$ 86,504.46
Low balance	\$ 66,008.91	Total additions	( 9)	65,593.24
Average balance	\$ 81,485.78	Total subtractions	( 20)	33,186.68
		Ending balance		\$ 118,911.02

**CREDITS**

Number	Date	Transaction Description	Additions
	03-04	Pre-Auth Credit SoundStack Inc 130202503 SoundStack Inc PAY ING BILL 130202503 VIA RAMP	37.02
	03-04	Pre-Auth Credit Courtside LLC Payment 250304 6183	3,219.39
	03-06	Pre-Auth Credit Apple Inc ACH/CRED 250306 0304366308	5,130.73
	03-21	Wire Trans-IN 8ce55cbe-3055-415d -bc14-42fd94f5 14da SACKER ENTERTAINME 122016066 MIX. & MASTER A HO USE DIVIDED ( E410	10,000.00
	03-25	Pre-Auth Credit Manscaped Holdin Coupa Pay NTE*OBI*Coupa Pay 136-1561 Manscaped Holdings LLC Tmat e\	7,605.00
	03-25	Pre-Auth Credit JAMES MEDIA LLC SENDER 250325 780243508	10,200.00
	03-25	Pre-Auth Credit JAMES MEDIA LLC SENDER 250325 780242538	16,072.94
	03-28	Pre-Auth Credit Courtside LLC Payment 250328 6183	4,150.98
	03-28	Pre-Auth Credit JAMES MEDIA LLC SENDER 250328 780984736	9,177.18

**DEBITS**

Date	Transaction Description	Subtractions
03-03	Preauth Debit Kast Media Inc Payment 250303	372.62
03-03	Preauth Debit Kast Media Inc Payment 250303	6,923.08
03-04	Debit Memo FIDUCIARY MAINTENA NCE	25.00
03-04	Preauth Debit Kast Media Inc Payment 250304	1,250.00
03-04	Preauth Debit Kast Media Inc Payment 250304	1,250.00
03-04	Preauth Debit Kast Media Inc Payment 250304	1,250.00
03-04	Preauth Debit Kast Media Inc Payment 250304	1,300.00
03-04	Preauth Debit Kast Media Inc Payment 250304	2,500.00
03-05	Preauth Debit GOOGLE APPS_COMME 250305	727.20
03-05	Preauth Debit DISTRICT BEAR ME SALE 250305	2,750.00
03-05	Preauth Debit A SHARP PERSPECT SALE 250305	3,000.00



9300 Flair Dr., 1St FL  
El Monte, CA. 91731

STARTING DATE: March 01, 2025

ENDING DATE: March 31, 2025

9509

**KAST MEDIA INC**

Date	Transaction Description	Subtractions
03-10	Preauth Debit Kast Media Inc Payment 250310	173.01
03-10	Preauth Debit Kast Media Inc Payment 250310	6,923.08
03-13	Preauth Debit INTUIT * QBooks Onl 250313 1954614	65.00
03-17	Preauth Debit Kast Media Inc Payment 250317	100.00
03-17	Preauth Debit THE HARTFORD INSPMTCL 250317 17447649	146.50
03-19	Analysis Servic ANALYSIS ACTIVITY FOR 02/25	127.20
03-24	Preauth Debit INTUIT * QBooks Onl 250324 5220596	235.00
03-27	Preauth Debit Kast Media Inc Payment 250327	1,200.00
03-28	Preauth Debit DISTRICT BEAR ME SALE 250328	2,868.99

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
02-28	86,504.46	03-10	66,447.61	03-24	75,773.91
03-03	79,208.76	03-13	66,382.61	03-25	109,651.85
03-04	74,890.17	03-17	66,136.11	03-27	108,451.85
03-05	68,412.97	03-19	66,008.91	03-28	118,911.02
03-06	73,543.70	03-21	76,008.91		

**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

**STATEMENT BALANCING**

**Fill in the amounts below from the front of this statement and your checkbook.**

**ENTER**

Ending Balance of this Statement..... \$ \_\_\_\_\_

Add Deposits not shown on this Statement \$ \_\_\_\_\_

**Sub Total**..... \$ \_\_\_\_\_

**Subtract** Checks Issued but not on Statement

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

**Total** amount of outstanding checks..... \$ \_\_\_\_\_

**Balance**.....\*\* \$ \_\_\_\_\_

**ENTER**

Present Balance in your checkbook..... \$ \_\_\_\_\_

**Subtract** any service charges, finance or any other charges..... \$ \_\_\_\_\_

**Sub Total** ..... \$ \_\_\_\_\_

**Add** Monthly Interest Earned ..... \$ \_\_\_\_\_

**Add** any deposits not yet entered in checkbook (Reverse Advances)..... \$ \_\_\_\_\_

**Subtract** any checks not yet entered in checkbook (Reverse Payments)..... \$ \_\_\_\_\_

**Balance**..... \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT**

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS**

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

**ACCOUNTS WITH CHECK STORAGE**

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

**CHANGE OF ADDRESS**

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)





9300 Flair Dr., 1St FL  
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1  
STARTING DATE: March 01, 2025  
ENDING DATE: March 31, 2025  
Total days in statement period: 31  
9516  
( 0)

KAST MEDIA INC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE #24-10396  
PAYROLL ACCT  
PO BOX 8175  
VAN NUYS CA 91409-8175

Protecting the security of your account and personal information is our top priority. Learn about our online security best practices and tips on how to protect yourself from cybercrime by visiting [eastwestbank.com/privacy-and-security](http://eastwestbank.com/privacy-and-security).

**Business Elite**

Account number	9516	Beginning balance		\$ 500.00
Low balance	\$ 500.00	Total additions	( 0)	.00
Average balance	\$ 500.00	Total subtractions	( 0)	.00
		Ending balance		\$ 500.00

**\*\* No activity this statement period \*\***

**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

**STATEMENT BALANCING**

**Fill in the amounts below from the front of this statement and your checkbook.**

**ENTER**

Ending Balance of this Statement..... \$ \_\_\_\_\_

Add Deposits not shown on this Statement \$ \_\_\_\_\_

**Sub Total**..... \$ \_\_\_\_\_

**Subtract** Checks Issued but not on Statement

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

**Total** amount of outstanding checks..... \$ \_\_\_\_\_

**Balance**.....\*\* \$ \_\_\_\_\_

**ENTER**

Present Balance in your checkbook..... \$ \_\_\_\_\_

**Subtract** any service charges, finance or any other charges..... \$ \_\_\_\_\_

**Sub Total** ..... \$ \_\_\_\_\_

**Add** Monthly Interest Earned ..... \$ \_\_\_\_\_

**Add** any deposits not yet entered in checkbook (Reverse Advances)..... \$ \_\_\_\_\_

**Subtract** any checks not yet entered in checkbook (Reverse Payments)..... \$ \_\_\_\_\_

**Balance**..... \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT**

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS**

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

**ACCOUNTS WITH CHECK STORAGE**

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

**CHANGE OF ADDRESS**

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MEMBER FDIC

(REV 11/07)



9300 Flair Dr., 1St FL  
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1  
STARTING DATE: March 01, 2025  
ENDING DATE: March 31, 2025  
Total days in statement period: 31  
9523  
( 0)

KAST MEDIA INC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE #24-10396  
(TAX)  
PO BOX 8175  
VAN NUYS CA 91499-5900

Protecting the security of your account and personal information is our top priority. Learn about our online security best practices and tips on how to protect yourself from cybercrime by visiting [eastwestbank.com/privacy-and-security](http://eastwestbank.com/privacy-and-security).

**Business Elite**

Account number	9523	Beginning balance		\$ 500.00
Low balance	\$ 500.00	Total additions	( 0)	.00
Average balance	\$ 500.00	Total subtractions	( 0)	.00
		Ending balance		\$ 500.00

**\*\* No activity this statement period \*\***

**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

**STATEMENT BALANCING**

**Fill in the amounts below from the front of this statement and your checkbook.**

**ENTER**  
Ending Balance of  
this Statement..... \$ \_\_\_\_\_

**ENTER**  
Present Balance in  
your checkbook..... \$ \_\_\_\_\_

**Add** Deposits not shown  
on this Statement \$ \_\_\_\_\_

**Subtract** any service  
charges, finance or  
any other charges..... \$ \_\_\_\_\_

**Sub Total**..... \$ \_\_\_\_\_

**Subtract** Checks Issued  
but not on Statement

**Sub Total** ..... \$ \_\_\_\_\_

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

**Add** Monthly Interest  
Earned ..... \$ \_\_\_\_\_

**Add** any deposits not yet  
entered in checkbook  
(Reverse Advances)..... \$ \_\_\_\_\_

**Subtract** any checks not  
yet entered in checkbook  
(Reverse Payments)..... \$ \_\_\_\_\_

**Total** amount of outstanding  
checks..... \$ \_\_\_\_\_

**Balance**.....\*\* \$ \_\_\_\_\_

**Balance**..... \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT**

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS**

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

**ACCOUNTS WITH CHECK STORAGE**

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

**CHANGE OF ADDRESS**

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC