

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002954 (4)**

1. Corporation Name
PARKER/VEITH PRODUCTIONS, INC.



Principal Place of Business: **C/O CHARTWELL PARTNERS, 1901 AVENUE OF THE STARS, SUITE 680, LOS ANGELES CA 90067**
Mailing Address: **C/O CHARTWELL PARTNERS, 1901 AVENUE OF THE STARS, SUITE 680, LOS ANGELES CA 90067**

3. Date Incorporated or Qualified: **06/19/1995**
3a. Date of Last Report

2. Principal Place of Business
21. **1999 Avenue of the Stars**
22. **Suite 3050**
23. **Los Angeles CA**
24. **90067**
25. **USA**
2a. Mailing Address
26. **1999 Avenue of the Stars**
27. **Suite 3050**
28. **Los Angeles, CA**
29. **90067**
30. **USA**

4. FEI Number: **95-4531582**
Applied For: 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, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PERENCHIO, A. JERROLD	C/O 1901 AVE. OF THE STARS, SUITE 680	LOS ANGELES CA 90067	<input type="checkbox"/>
VD	CAHILL, ROBERT V	C/O 1901 AVE. OF THE STARS, SUITE 680	LOS ANGELES CA 90067	<input type="checkbox"/>
DST	RADER, STEPHEN P	C/O 1901 AVE. OF THE STARS, SUITE 680	LOS ANGELES CA 90067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1999 Avenue of the Stars, Suite 3050	Los Angeles, CA 90067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		1999 Avenue of the Stars, Suite 3050	Los Angeles, CA 90067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		1999 Avenue of the Stars, Suite 3050	Los Angeles, CA 90067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on 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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **March 7, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Day/Time Phone #

CR2E034 (12/95)