

**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

**FILED**  
Mar 19 1996 8:00 am  
Secretary of State

**DOCUMENT # J27769 (5)**

1. Corporation Name

**ZANART ENTERTAINMENT INCORPORATED**



Principal Place of Business

Mailing Address

7641 BURNET AVENUE  
VAN NUYS CA 91405

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VAN NUYS CA 91405

3. Date Incorporated or Qualified <b>08/04/1986</b>	3a. Date of Last Report <b>04/13/1995</b>
4. FEI Number <b>59-2716023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ROBERT A</b>	1.2 NAME	
STREET ADDRESS	<del>4239 SHADY GLADE</del>	1.3 STREET ADDRESS	<b>13112 VALLEYHART DR. SOUTH # 205</b>
CITY-ST-ZIP	<b>STUDIO CITY CA 91604</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOTOS, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>8150 NAGEL AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N HOLLYWOOD CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADELMAN, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>2385 ROSCOMARE RD B3</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAYTON, TODD B</b>	4.2 NAME	
STREET ADDRESS	<b>11911 MAYFIELD AVE. #6</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90049</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLTI, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>452 SMITHWOOD DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90212</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**3-15-96 818-904-9797**

FILE

DATE/TIME PHONED #

CR2E034 (12/95)