

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P00631** (2)
1. Corporation Name
ELECTRONIC CONVENTIONS MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
8110 AIRPORT BOULEVARD **8110 AIRPORT BOULEVARD**
LOS ANGELES CA 90045 **LOS ANGELES CA 90045**

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 Country 29 Country 30

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **01/18/1984** 3a. Date of Last Report **04/08/1994**
4. FEI Number **95-3865580** 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CRONER, HARRY
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA
TITLE	T
NAME	WATKINS, ROBERT
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA
TITLE	VP
NAME	MCDONALD, JAMES R
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA
TITLE	S
NAME	BUFFA, JOHN
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA
TITLE	D
NAME	OLSEFSKY, CHARLES
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA
TITLE	D
NAME	HUGO, SHANE
STREET ADDRESS	8110 AIRPORT BOULEVARD
CITY- ST- ZIP	LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Buffa, John
2.3 STREET ADDRESS	8110 Airport Blvd
2.4 CITY- ST- ZIP	Los Angeles CA 90045
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Watkins, Robert
4.3 STREET ADDRESS	8110 Airport Blvd
4.4 CITY- ST- ZIP	Los Angeles CA 90045
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *Harry M. Croner* **HARRY M. CRONER** 3/10/95 (310) 215 3976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Filing #

APPROVED AND FILED
95 MAR 15 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA