

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

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

3. Date incorporated or Qualified: **01/18/1984**  
 3a. Date of Last Report: **03/15/1995**  
 4. FEIN 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  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0942 and 607.1501, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0945, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRONER, HARRY</b>	
STREET ADDRESS	<b>8110 AIRPORT BOULEVARD LOS ANGELES CA</b>	
CITY, ST, ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUFFA, JOHN</b>	
STREET ADDRESS	<b>8110 AIRPORT BLVD LOS ANGELES CA</b>	
CITY, ST, ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDONALD, JAMES R</b>	
STREET ADDRESS	<b>8110 AIRPORT BOULEVARD LOS ANGELES CA</b>	
CITY, ST, ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WATKINS, ROBERT</b>	
STREET ADDRESS	<b>8110 AIRPORT BLVD LOS ANGELES CA</b>	
CITY, ST, ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLSEFSKY, CHARLES</b>	
STREET ADDRESS	<b>8110 AIRPORT BOULEVARD LOS ANGELES CA</b>	
CITY, ST, ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGO, SHANE</b>	
STREET ADDRESS	<b>8110 AIRPORT BOULEVARD LOS ANGELES CA</b>	
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	13 NAME	13 STREET ADDRESS	13 CITY, ST, ZIP	13 TITLE	13 NAME	13 STREET ADDRESS	13 CITY, ST, ZIP	13 TITLE	13 NAME	13 STREET ADDRESS	13 CITY, ST, ZIP	13 TITLE	13 NAME	13 STREET ADDRESS	13 CITY, ST, ZIP
				<b>Treasurer &amp; Vice Chairman</b>											
				<b>Roger Sandmeier</b>											
				<b>8110 Airport Blvd</b>											
				<b>Los Angeles CA 90045</b>											
				<b>Secretary</b>											
				<b>Allen Stuberud</b>											
				<b>8110 Airport Blvd</b>											
				<b>Los Angeles CA 90045</b>											
				<b>Director</b>											
				<b>Charles Ostrofe</b>											
				<b>8110 Airport Blvd</b>											
				<b>Los Angeles CA</b>											

14. I do hereby certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this and a recent 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 in the register or transfer, as provided to expedite this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change. I or on an attorney named with an address.

SIGNATURE: *[Signature]* / **HARRY M. CRONER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96  
 (310) 215 3976

CR2E034 (12/95)