

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 90045-3119
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/18/1984	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-3865580	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CRONER, HARRY	
STREET ADDRESS	8110 AIRPORT BOULEVARD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	TVC	<input type="checkbox"/> DELETE
NAME	SANDMEIER, ROGER	
STREET ADDRESS	8110 AIRPORT BLVD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCDONALD, JAMES R	
STREET ADDRESS	8110 AIRPORT BOULEVARD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STUBBERUD, ALLEN	
STREET ADDRESS	8110 AIRPORT BLVD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTROFE, CHARLES	
STREET ADDRESS	8110 AIRPORT BLVD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **REQUIRED** **4/17/97** **(310) 245-3976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)