

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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10163 (4)**

1. Corporation Name  
**WESTERN INTERNATIONAL MEDIA CORPORATION**



Principal Place of Business <b>8544 SUNSET BOULEVARD                  ATTN: DAWN GERRI POOLE                  LOS ANGELES CA 90069</b>	Mailing Address <b>8544 SUNSET BOULEVARD                  ATTN: DAWN GERRI POOLE                  LOS ANGELES CA 90069</b>
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*Attn: Claudette James*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-2666662	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SCHWEITZER, MICHAEL                  903 VIA LOMBARDY                  WINTER PARK FL 23789</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLT, DENNIS F.</b>	1.2 NAME	
STREET ADDRESS	<b>8544 SUNSET BOULEVARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90069</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>KASSAN, MICHAEL E</b>	2.2 NAME	
STREET ADDRESS	<b>8544 SUNSET BOULEVARD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90069</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULTZ, EDWARD T</b>	3.2 NAME	
STREET ADDRESS	<b>8544 SUNSET BOULEVARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90069</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, ARTHUR M</b>	4.2 NAME	
STREET ADDRESS	<b>8544 SUNSET BOULEVARD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90069</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMERA, NICHOLAS J</b>	5.2 NAME	
STREET ADDRESS	<b>1271 AVENUE OF THE AMERICAS, 44TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSTER, ALAN M</b>	6.2 NAME	
STREET ADDRESS	<b>1271 AVENUE OF THE AMERICAS, 44TH FLOOR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ DATE: 1/7/98

CP2E034 (10/97)