CR2E034 (10/00)

## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 24, 2001 8:00 am **DOCUMENT # P10163 Secretary of State** WESTERN INTERNATIONAL MEDIA CORPORATION 01-24-2001 90070 045 \*\*\*150.00 INITIATIVE MEDIA WORLDWIDG INC. Was filed Principal Place of Business Mailing Address 9544 SUNSET BOULEVARD 8544 SUNSET-BOULEVARD ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT HUUUUJJUA LOS ANGELES CA <del>00009+</del> LOS ANGELES CA 99009 2. Principal Place of Business 3. Mailing Address 5700 WILSHIRE BWD. 5700 WILSHIRE BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 400 Applied For 4. FEI Number City & State 95-2666662 LOS ANGELES Not Applicable \$8.75 Additional 5. Certificate of Status Desired 90036 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, DIANE Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD 112N/230N HOLLYWOOD FL 33021 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEO TITLE X Change TITLE Delete SCHULTZ, LOUIS NAME NAME 5700 WILSHIRE BUID. #400 8544 SUNSET BLVD STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90069 CITY-ST-ZIP LOS ANGELES, CA 90036 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE LOTITO, MICHAEL NAME NAME 1270 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10020** CITY-ST-ZIP VPT\_\_\_\_\_\_\_ ☐ Delete TITLE Change Addition MASON, ARTHUR M NAME NAME 8544 SUNSET BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LOS ANGELES CA 90069 AS \_\_\_ Change ☐ Addition TITLE ☐ Delete TITLE CAMERA, NICHOLAS J NAME NAME 1271 AVENUE OF THE AMERICAS, 44TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10020** CITY-ST-ZIP ΑT Delete TITLE ☐ Change ☐ Addition BUCK, MICHAEL NAME NAME STREET ADDRESS 136 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10016** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STUDLEY AVENUE OF THE AMERICAS - 21STTZ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report of suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #