

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

FILED

Apr 11 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 # P26332 (7)

1. Corporation Name
RAYMOND WEISS ARTIST MANAGEMENT, INC.



Principal Place of Business 300 WEST 55TH STREET SUITE 5L NEW YORK NY 10019-5138	Mailing Address 300 WEST 55TH STREET SUITE 5L NEW YORK NY 10019-5164
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3. Date Incorporated or Qualified 10/03/1989		3a. Date of Last Report 04/15/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-2786100	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent WEISS, RAYMOND 2932 SEIDENBERG AVENUE KEY WEST FL 33040		10. Name and Address of New Registered Agent	
		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 607.0502 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE President P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISS, RAYMOND		1.2 NAME Jeffrey Dimmerman	
STREET ADDRESS 300 WEST 55 STREET		1.3 STREET ADDRESS	
CITY- ST- ZIP NEW YORK NY		1.4 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISS, RAYMOND		2.2 NAME Jeffrey Dimmerman	
STREET ADDRESS 300 WEST 55 STREET		2.3 STREET ADDRESS	
CITY- ST- ZIP NEW YORK NY		2.4 CITY- ST- ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE Vice-President VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIMMERMAN, JEFFRY		3.2 NAME Michiko OTAKI	
STREET ADDRESS 300 WEST 55 STREET		3.3 STREET ADDRESS	
CITY- ST- ZIP NEW YORK NY		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: Jeffrey Dimmerman DATE: 4/7/97 212-581-8478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)