

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P40526  
1. Corporation Name

EP MANAGEMENT SERVICES

Principal Place of Business Mailing Address  
3601 West Olive Avenue, 8th Fl. 3601 W. Olive Ave., 8th Fl  
Burbank, CA 91505 Burbank, CA 91505  
ATTN: Legal Dept.

3. Date Incorporated or Qualified 9/17/1992 3a. Date of Last Report 4/29/1994  
4. FEI Number 95-4339354 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

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

9. Name and Address of Current Registered Agent

Prentice Hall Corporation System, Inc.  
110 North Magnolia Street  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DRANEY, ROBERT W.	
STREET ADDRESS	3601 WEST OLIVE AVE, 8TH FLOOR	
CITY-ST-ZIP	BURBANK, CA 91505	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, JACK L.	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY-ST-ZIP	BURBANK, CA 91505	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAYLOR, MICHELE D.	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY-ST-ZIP	BURBANK, CA 91505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAUGHAN, GEORGE M.	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY-ST-ZIP	BURBANK, CA 91505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOVAN, JAMES	
STREET ADDRESS	515 SOUTH FIGUEROA STREET #1000	
CITY-ST-ZIP	LOS ANGELES, CA 90017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and I 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: *Michele D. Caylor*  
MICHELE D. CAYLOR

4/1/96

818-955-6000

CR2E034 (12/95)

*Michele D. Caylor*  
MICHELE D. CAYLOR