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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P40526

(6)

1. Corporation Name
E P MANAGEMENT SERVICES, INC.



Principal Place of Business
3601 WEST OLIVE AVENUE, 8TH FLOOR
BURBANK CA 91505

Mailing Address
3601 WEST OLIVE AVENUE, 8TH FLOOR
BURBANK CA 91505

3. Date Incorporated or Qualified 09/17/1992	3a. Date of Last Report 04/10/1996
4. FEI Number 95-4339354	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24. Country	29. Country
25.	30.

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
	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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRANEY, ROBERT W.	1.2 NAME	
STREET ADDRESS	3601 WEST OLIVE AVE., 8TH FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA 91505	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JACK L.	2.2 NAME	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA 91505	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYLOR, MICHELE D.	3.2 NAME	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA 91505	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, GEORGE M	4.2 NAME	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA 91505	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JAMES	5.2 NAME	
STREET ADDRESS	515 SOUTH FIGUEROA STREET #1000	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90017	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: *Michele Caylor* Michele Caylor 3/17/97 818-955-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (9/96)