

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

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**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40526 (6)
1. Corporation Name
E P MANAGEMENT SERVICES, INC.



Principal Place of Business 3601 WEST OLIVE SAVENUE, 8TH FLOOR BURBANK CA 91505	Mailing Address 3601 WEST OLIVE SAVENUE, 8TH FLOOR BURBANK CA 91505
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1992		4. FEI Number 95-4339354		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 2835 North Naomi Street Suite, Apt. #, etc.	2a. Mailing Address 26 2835 North Naomi Street Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State Burbank, California	27 Attn: Legal Department	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23 Zip 91504	Country USA	29 Zip 91504	Country USA	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRANEY, ROBERT W.		1.2 NAME DRANEY, ROBERT W.	
STREET ADDRESS 3601 WEST OLIVE AVE., 8TH FLOOR		1.3 STREET ADDRESS 2835 NORTH NAOMI STREET	
CITY-ST-ZIP BURBANK CA 91505		1.4 CITY-ST-ZIP BURBANK, CA 91504	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERSON, JACK L.		2.2 NAME PETERSON, JACK L.	
STREET ADDRESS 3601 WEST OLIVE AVENUE, 8TH FLOOR		2.3 STREET ADDRESS 2835 NORTH NAOMI STREET	
CITY-ST-ZIP BURBANK CA 91505		2.4 CITY-ST-ZIP BURBANK, CA 91504	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAYLOR, MICHELE D.		3.2 NAME CAYLOR, MICHELE D.	
STREET ADDRESS 3601 WEST OLIVE AVENUE, 8TH FLOOR		3.3 STREET ADDRESS 2835 NORTH NAOMI STREET	
CITY-ST-ZIP BURBANK CA 91505		3.4 CITY-ST-ZIP BURBANK, CA 91504	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAUGHAN, GEORGE M		4.2 NAME VAUGHAN, GEORGE M.	
STREET ADDRESS 3601 WEST OLIVE AVENUE, 8TH FLOOR		4.3 STREET ADDRESS 2835 NORTH NAOMI STREET	
CITY-ST-ZIP BURBANK CA 91505		4.4 CITY-ST-ZIP BURBANK, CA 91504	
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 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 D. Caylor* Michele D. Caylor 1/26/98 818-955-6000

CR2E034 (10/97)