

**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 # **P40527** (4)

1. Corporation Name  
**E P TALENT 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: **03/08/1995**  
 4. FEI Number: **95-4339355** 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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**THE 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 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1526, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | <b>CD</b>                            | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DRANEY, ROBERT W.</b>             | 2. NAME   |   |
| STREET ADDRESS             | <b>3601 W. OLIVE AVE., 8 FL</b>      | 3. STREET ADDRESS                                     |   |
| CITY- ST- ZIP              | <b>BURBANK CA</b>                    | 4. CITY- ST- ZIP                                      |   |
| TITLE                      | <b>PD</b>                            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PETERSON, JACK L.</b>             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3601 W. OLIVE AVE., 8 FL</b>      | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>BURBANK CA</b>                    | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>S</b>                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CAYLOR, MICHELE D.</b>            | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3601 W. OLIVE AVE., 8 FL</b>      | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>BURBANK CA</b>                    | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>T</b>                             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VAUGHAN, GEORGE M.</b>            | 4.2 NAME  |   |
| STREET ADDRESS             | <b>3601 W. OLIVE AVE., 8 FL</b>      | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>BURBANK CA</b>                    | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <b>D</b>                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DONOVAN, JAMES</b>                | 5.2 NAME  |   |
| STREET ADDRESS             | <b>515 SOUTH FIGUEROA STE. #1000</b> | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | <b>LOS ANGELES CA 90017</b>          | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                                      | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/1/96 818-955-6000

CR2E034 (12/95)