

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40528** (2)

1. Corporation Name  
**E P PRODUCTION SERVICES, INC.**



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

Mailing Address  
**ATTN: LEGAL DEPT  
3601 W OLIVE AVE 8TH FLOOR  
BURBANK CA 91505  
US**

2. Principal Place of Business  
21 [ ]  
Suite, Apt. #, etc.  
22 [ ]  
City & State  
23 [ ]  
Zip Country  
24 [ ] 25 [ ]  
2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc.  
27 [ ]  
City & State  
28 [ ]  
Zip Country  
29 [ ] 30 [ ]

3. Date Incorporated or Qualified **09/17/1992** 3a. Date of Last Report **03/06/1995**

4. FEI Number **95-4339351** 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

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 [ ]  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503A, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DRANEY, ROBERT W.	
STREET ADDRESS	3601 W. OLIVE AVE., 8 FL	
CITY - ST - ZIP	BURBANK CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, JACK L.	
STREET ADDRESS	3601 W. OLIVE AVE., 8 FL	
CITY - ST - ZIP	BURBANK CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAYLOR, MICHELE D.	
STREET ADDRESS	3601 W. OLIVE AVE., 8 FL	
CITY - ST - ZIP	BURBANK CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAUGHAN, GEORGE M.	
STREET ADDRESS	3601 W. OLIVE AVE., 8 FL	
CITY - ST - ZIP	BURBANK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOVAN, JAMES	
STREET ADDRESS	515 SOUTH FIGUEROA, STE. 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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached report with an address.

SIGNATURE: *Michele D. Caylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHELE D. CAYLOR**

4/1/96

818-855-6000

CR2E034 (12/95)