

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

**FILED**

**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 # P40529 (0)**

**1. Corporation Name  
PIXPAY 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 91505-4603**

<b>3. Date Incorporated or Qualified</b> 09/17/1992	<b>3a. Date of Last Report</b> 04/16/1996
<b>4. FEI Number</b> 95-4339719	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>CD</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DRANEY, ROBERT W.</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3601 W. OLIVE AVE., 8 FL</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	<b>BURBANK CA</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PETERSON, JACK L.</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3601 W. OLIVE AVE., 8 FL</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	<b>BURBANK CA</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CAYLOR, MICHELE D.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3601 W. OLIVE AVE., 8 FL</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	<b>BURBANK CA</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VAUGHAN, GEORGE M.</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3601 W. OLIVE AVE., 8 FL</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	<b>BURBANK CA</b>	<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DONOVAN, JAMES</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>515 SOUTH FIGUEROA, STE. #1000</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	<b>LOS ANGELES CA 90117</b>	<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 or changed, or on an attachment with an address.**

**SIGNATURE:** *Michele Caylor* **Michele Caylor** **3/17/97** **818-955-6000**

CR2E034 (9/96)