

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90260 001 ***450.00

DOCUMENT # **843943**

1. Corporation Name

ORION PICTURES DISTRIBUTION CORPORATION

2000

Principal Place of Business

2500 BROADWAY STREET
TAX DEPARTMENT
SANTA MONICA CA 90404

Mailing Address

2500 BROADWAY STREET
TAX DEPARTMENT
SANTA MONICA CA 90404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1979

4. FEI Number

95-3304776

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MANCUSO, FRANK	
STREET ADDRESS	2500 BROADWAY STREET	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, MICHAEL	
STREET ADDRESS	2500 BROADWAY STREET	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JONES, WILLIAM	
STREET ADDRESS	2500 BROADWAY STREET	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARVESEN, DEBORAH	
STREET ADDRESS	2500 BROADWAY STREET	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEX YEMENIDJIAN	
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL J. TAYLOR	
2.3 STREET ADDRESS	2500 BROADWAY STREET	
2.4 CITY-ST-ZIP	SANTA MONICA, CA 90404-3061	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: DEBORAH J. ARVESEN

04/27/2000

310-449-3625

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