

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

FILED  
May 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 845738 (4)  
1. Corporation Name  
AMERICAN INTERNATIONAL PICTURES, INC.



Principal Place of Business  
1888 CENTURY PARK, E.  
LOS ANGELES CA 90067

Mailing Address  
1888 CENTURY PARK, E.  
LOS ANGELES CA 90067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2500 Broadway Street		26 2500 Broadway Street		04/15/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Tax Department		27 Tax Department		95-3898645	
City & State		City & State		Applied For	
23 Santa Monica, CA		28 Santa Monica, CA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 90404		29 90404		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, LEONARD		1.2 NAME	Frank Mancuso	
STREET ADDRESS	1888 CENTURY PARK E		1.3 STREET ADDRESS	2500 Broadway Street	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARVESEN, GREGORY A.		2.2 NAME	Michael Corrigan	
STREET ADDRESS	1888 CENTURY PARK EAST		2.3 STREET ADDRESS	2500 Broadway Street	
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, JOHN W		3.2 NAME	William A. Jones	
STREET ADDRESS	1888 CENTURY PARK, EAST		3.3 STREET ADDRESS	2500 Broadway Street	
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, CYNTHIA		4.2 NAME	Deborah J. Arvesen	
STREET ADDRESS	1888 CENTURY PARK E		4.3 STREET ADDRESS	2500 Broadway Street	
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP	Santa Monica, CA 90404	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 \_\_\_\_\_ Deborah J. Arvesen 6/30/98 310 440 2625

CR2E034 (10/97)