2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # 845738 1. Entity Name 05-06-2002 90052 049 ***150 00 AMERICAN INTERNATIONAL PICTURES, INC. Principal Place of Business Mailing Address 2500 BROADWAY ST 2500 BROADWAY ST TAX DEPT TAX DEPT SANTA MONICA CA 90404 SANTA MONICA CA 90404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-3898645 Not Applicable \$8.75 Additional Zip Zin Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME TAYLOR, DANIEL J 2500 BROADWAY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA MONICA CA 90404 TITLE ☐ Addition ☐ Delete NAME NAME JONES, WILLIAM A STREET ADDRESS STREET ADDRESS 2500 BROADWAY ST CITY-ST-ZIP CITY-ST-7IP SANTA MONICA CA 90404 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME ARVESEN, DEBORAH J STREET ADDRESS STREET ADDRESS 2500 BROADWAY ST CITY-ST-ZIP CITY-ST-ZIE SANTA MONICA CA 90404 Change ☐ Addition TITLE ☐ Delete TITLE **PDC** NAME YEMENIDJIAN, ALEX STREET ADDRESS 2500 BROADWAY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SANTA MONICA CA 90404** ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

Jae Required TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED