2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 845738

1. Entity Name
AMERICAN INTERNATIONAL PICTURES, INC.

Principal Place of Business
10250 CONSTELLATION BLVD.
TAX DEPT
LOS ANGELES, CA 90067

Mailing Address
10250 CONSTELLATION BLVD.
TAX DEPT
LOS ANGELES, CA 90067

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3898645
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	TAYLOR, DANIEL J
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VS
NAME	JONES, WILLIAM A
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	V
NAME	ARVESEN, DEBORAH J
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	P
NAME	MCGURK, CHRISTOPHER
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	EVP
NAME	COHEN, CHARLES
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	SVP
NAME	RATH, STEPHEN C
STREET ADDRESS	10250 CONSTELLATION BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90067

000000316615
04/19/05-80080-018 150.00

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH ARVESEN - SENIOR V.P. 4/7/05 (310) 449-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #