

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90099 005 \*\*\*150.00

DOCUMENT # 852092

1. Corporation Name

**TWENTIETH CENTURY FOX HOME ENTERTAINMENT, INC.**

Principal Place of Business

10201 WEST PICO BOULEVARD  
ATTN: TAX DEPT.  
LOS ANGELES CA 90064-2606

Mailing Address

P.O. 900  
ATTN TAX DEPT  
BEVERLY HILLS CA 90213  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1982

4. FEI Number

94-2558829

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

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

T  
NAME MILLER, DAVID E.  
STREET ADDRESS 10201 W. PICO BLVD.  
CITY-ST-ZIP LOS ANGELES CA

D  
NAME RUDERT, MURDOCH  
STREET ADDRESS 10201 W. PICO BLVD  
CITY-ST-ZIP LOS ANGELES CA

VP  
NAME PARRISH, RAY  
STREET ADDRESS 10201 W. PICO BLVD.  
CITY-ST-ZIP LOS ANGELES CA

S  
NAME DOODAN, MICHAEL M  
STREET ADDRESS 10201 W PICO BLVD.  
CITY-ST-ZIP LOS ANGELES CA

P  
NAME YAAP, JEFFREY  
STREET ADDRESS 10201 W. PICO BLVD  
CITY-ST-ZIP LOS ANGELES CA 90035

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond L. Parrish 4/16/99 (310)369-1908

Date

Daytime Phone #

CR2E034 (1/198)