

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855045 (1)

1. Corporation Name
ENTERTAINMENT PUBLICATIONS, INC.

Principal Place of Business

2125 BUTTERFIELD
TROY MI 48064

Mailing Address

2125 BUTTERFIELD
TROY MI 48064-3423

3. Date Incorporated or Qualified
12/21/1982

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

38-1706386

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SARKIE, ROBERT M.	
STREET ADDRESS	353 WILSHIRE	
CITY- ST- ZIP	BLOOMFIELD HILLS MI	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ROBERGE, MARIAN M	
STREET ADDRESS	2125 BUTTERFIELD ROAD	
CITY- ST- ZIP	TROY MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EISENBERG, MARSHA K.	
STREET ADDRESS	4430 DOW RIDGE	
CITY- ST- ZIP	ORCHARD LAKE MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	METCALFE, MARK	
STREET ADDRESS	680 VINEWOOD	
CITY- ST- ZIP	BIRMINGHAM MI	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CORGLIANO, COSMO	
STREET ADDRESS	707 SUMMER ST.	
CITY- ST- ZIP	STAMFORD CT	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MC BREARTY, JOHN H	
STREET ADDRESS	2125 BUTTERFIELD ROAD	
CITY- ST- ZIP	TROY MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 do 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: *X.M. Jane Burnett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 810-637-8479
Date Daytime Phone

0479832

CR2E034 (9/96)