

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002139

1. Entity Name  
FOUR MEDIA COMPANY



Principal Place of Business  
520 BROADWAY, 5TH FLOOR  
SANTA MONICA, CA 90401

Mailing Address  
520 BROADWAY, 5TH FLOOR  
SANTA MONICA, CA 90401

FILED  
04 FEB -5 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-4599440

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 *Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

2/5/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: If the Agent is not a resident of Florida, the signature must be signed when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME FITZGERALD, WILLIAM R  
STREET ADDRESS 520 BROADWAY, 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE D  
NAME BENNETT, ROBERT R  
STREET ADDRESS 520 BROADWAY, 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VT  
NAME PLATISA, GEORGE C  
STREET ADDRESS 520 BROADWAY, 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VS  
NAME NILES, WILLIAM E  
STREET ADDRESS 520 BROADWAY, 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE CTO  
NAME SCHUTZ, GAVIN W  
STREET ADDRESS 520 BROADWAY, 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

TITLE VP  
NAME SINGH, JAY  
STREET ADDRESS 520 BROADWAY 5TH FLOOR  
CITY-ST-ZIP SANTA MONICA, CA 90401

500029955255  
03/05/04--01030--013 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

William E. Niles  
VP & Secretary

1-29-04

Date

Daytime Phone #

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)