



## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F02000002139</b>						<b>FILED</b>	
1. Entity Name <b>FOUR MEDIA COMPANY</b>				<div style="font-size: 2em; font-weight: bold;">AA</div> <div style="text-align: center;">05 APR -1 PM 5:13</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;"> <b>REINSTATEMENT</b> 04-05</div>			
Principal Place of Business <b>520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401</b>							
Mailing Address <b>520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401</b>							
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-4599440</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code			
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 <u>Deborah D Skipper</u> <small>Signature, typed or printed name of registered agent and title applicable.</small>				Deborah D. Skipper Asst. V. Pres. <span style="float: right;">4/1/05</span> <small>(NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>			
<b>FILE NOW!!! FEE IS \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FITZGERALD, WILLIAM R 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT R 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PLATISA, GEORGE C 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			400050303054 04/11/05--01005--025 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NILES, WILLIAM E 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO SCHUTZ, GAVIN W 520 BROADWAY, 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, JAY 520 BROADWAY 5TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-24-05 310-434-7059 <small>Date Daytime Phone #</small>			