

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004486 (6)**

1. Corporation Name

INTERNATIONAL CABLECASTING TECHNOLOGIES INC.



Principal Place of Business

Mailing Address

11400 W. OLYMPIC BLVD #1100
LOS ANGELES CA 90064-1507

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LOS ANGELES CA 90064-1507

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 02/07/1995
4. FEI Number 95-4275106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 (Required for Change of Office)

Signature of Agent (Required for Addition)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, WILLIAM T	1.2 NAME	KENT BURKHART
STREET ADDRESS	11400 W OLYMPIC BL 1100	1.3 STREET ADDRESS	5600 ROSWELL ROAD #E300
CITY-STATE-ZIP	LA CA	1.4 CITY-STATE-ZIP	ATLANTA GEORGIA 30342
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	CFO & SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENON, BHASKAR	2.2 NAME	J. WENDY KIM
STREET ADDRESS	9777 WILSHIRE BLVD, SUITE 904	2.3 STREET ADDRESS	11400 W. OLYMPIC BL. #1100
CITY-STATE-ZIP	BEVERLY HILLS CA 90212	2.4 CITY-STATE-ZIP	LOS ANGELES CALIFORNIA 90064-1507
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR/CEO/CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, DEAN A	3.2 NAME	JEROLD H. RUBINSTEIN
STREET ADDRESS	1200 SMITH ST, SUITE 1800	3.3 STREET ADDRESS	11400 W. OLYMPIC BL. #1100
CITY-STATE-ZIP	HOUSTON TX	3.4 CITY-STATE-ZIP	LOS ANGELES CALIFORNIA 90064-1507
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, PATTI	4.2 NAME	STEPHEN A. WYNN
STREET ADDRESS	11400 W. OLYMPIC BLVD #1100	4.3 STREET ADDRESS	3400 LAS VEGAS BLVD. SOUTH
CITY-STATE-ZIP	LOS ANGELES CA 90064-1507	4.4 CITY-STATE-ZIP	LAS VEGAS NEVADA 89109
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	EXEC. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, JAMES R SR	5.2 NAME	ROBERT M. MANNING
STREET ADDRESS	7605-50 STREET	5.3 STREET ADDRESS	11400 W. OLYMPIC BLVD. #1100
CITY-STATE-ZIP	EDMONTON AL	5.4 CITY-STATE-ZIP	LOS ANGELES CALIFORNIA 90064-1507
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SPARKMAN, J C	6.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD CO	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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: J. WENDY KIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

310-444-1744

CR2E034 (12/95)