

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000004486 (6)

1. Corporation Name INTERNATIONAL CABLECASTING TECHNOLOGIES INC.



Principal Place of Business 11400 W. OLYMPIC BLVD #1100 LOS ANGELES CA 90064-1507
 Mailing Address 11400 W. OLYMPIC BLVD #1100 LOS ANGELES CA 90064-1507

DO NOT WRITE IN THIS SPACE

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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified
 08/29/1994

4. FEI Number 95-4275106 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENON, BHASKAR	
STREET ADDRESS	9777 WILSHIRE BLDV., SUITE 904	
CITY-ST-ZIP	BEVERLY HILLS CA 90212	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	TROXEL, LON A	
STREET ADDRESS	11400 WEST OLYMPIC BLVD., #1100	
CITY-ST-ZIP	LOS ANGELES CA 90064-1507	
TITLE	EVPC	<input checked="" type="checkbox"/> DELETE
NAME	KIM, JOANNE W	
STREET ADDRESS	11400 W. OLYMPIC BLVD., #1100	
CITY-ST-ZIP	LOS ANGELES CA 90064-1507	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JAMES R SR	
STREET ADDRESS	7605-50 STREET	
CITY-ST-ZIP	EDMONTON AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPARKMAN, J C	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary W. Sustarsic	
1.3 STREET ADDRESS	11400 W. Olympic Blvd., Suite 1100	
1.4 CITY-ST-ZIP	Los Angeles, CA 90064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Gary W. Sustarsic (310) 444-1744

CR2E034 (5/98)