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

PROFIT CORPORATION ANNUAL REPORT



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

	1996	DIVISION OF C	ORPORAT	IONS		
DOCUN 1. Gorporation	MENT # F9500	0000006 (5)			
SABAN	N ENTERTAINMENT, INC.				1	
Principal Place of Business Mailing Address					1 199(199 (1918) 1919) 1919(93)	HI BOM BOIL BOIL BOM GENE BIN HEEL
4000 W. ALAMEDA 4000 W. ALAMEDA BURBANK CA 91506 BURBANK CA 915						
					3. Date Incorporated or Qualified 01/03/1995	a. Date of Last Report
2. Principal Pla		2a. Mailing Address			4. FEI Number	Applied For
	ed Wilshine Blud.	26 10960 Wilso	here Bl	<i>w</i> .	95-4232825	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Angelos, CA	City & State 28 Los Argeles,	04		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 900	Country 25 Les Angolos	Zip 90024	Countr 30 Los	higela.	8. This corporation has liability for intar S' Florida Statutes Yes	ngible tax under s 199.032, TNo
	9. Name and Address of Current	t Registered Agent		T	10. Name and Address of New Regi	stered Agent
			81	Name		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105				82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301				83 800001892648 84 City -07/12/96 -01077 - 013 85 Zip Code		
			84	l	***225.80	FL
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authorized	the above by the con	-named cor poration's b	poration submits this statement for the purpos poard of directors. I hereby accept the appoint	e of changing its registered office ment as registered agent. I am
SIGNATURE _						DATE
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	C	S BELETE	1. 1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	SABAN, HAIM		1.2 NAME		SABAN, HAIM	7
STREET ADDRESS	4000 W. ALAMEDA		1.3 STREE	T ADDRESS	10960 Wilsuine Blud.	
CITY-ST-ZIP	BURBANK CA 91505		1.4 CITY-		Los Angelos, CA 90024	
TITLE	PD	DELETE	2 1 TITLE			Change Addition
NAME	WOODS, MEL	*	2 2 NAME	.	woods, MEL	•
STREET ADDRESS	4000 W. ALAMEDA		2 3 STREE	T ADDRESS	10960 witshine Blud.	
CITY-ST-ZIP	BURBANK CA 91505		2 4 CITY-	ST-ZIF	ios Angelos, ea 90024	
TITLE	D	DELETE	3 1 TITLE		4	Change Addition

GOLDEN, STAN NAME 32 NAME Goldan Stan 4000 W. ALAMEDA STREET ADDRESS 3.3. STREET ADDRESS 10960 Wilshire Blud. **BURBANK CA 91505** 90024 CITY-ST-ZIP 3 4 CITY - ST- ZIP hos Angeles, ea Change Change ☐ Addition DELETE TITLE 4 1 TITLE Tosay, William 10960 Wilshire Blud. MAME JOSEY, WILLIAM STREET ADDRESS 4000 W. ALAMEDA 4 3 STREET ADDRESS **BURBANK CA 91505** CITY-ST-ZIP 4 4 CITY - ST - ZIP Angeles, CH DELETE Change Addition TOTLE 5 1 TITLE KAME, MATTHW 6 KRANE, MATTHEW G NAME 5 2 NAME 4000 W. ALAMEDA 10960 witshine Blud. STREET ADDRESS 5 3 STREET ADDRESS **BURBANK CA 91505** CHTY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6 1 TITLE Shuki Levy 10960 wilshine blud. **BROWN, NORTON N** NAME 6 2 NAME 4000 W. ALAMEDA 6 3 STREET ADDRESS STREET ADDRESS Offy-ST-ZIP BURBANK CA 91505

64 Offy-ST-ZIP US Angeles, cap 900 24

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 it made under both, 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:

7-5-96 1200 -- 1.