

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001615 (2)**

1. Corporation Name

SATURDAY MATINEE, INC.



Principal Place of Business: **38 CORPORATE CIRCLE ALBANY NY 12203**
 Mailing Address: **38 CORPORATE CIRCLE ALBANY NY 12203**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1995	
4. FEI Number	Applied For
14-1733648	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13.
TITLE	CEOP	1.1 TITLE
NAME	HIGGINS, ROBERT J	1.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	1.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	1.4 CITY - ST - ZIP
TITLE	V CFO	2.1 TITLE
NAME	HELPERT, ROBERT A	2.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	2.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	2.4 CITY - ST - ZIP
TITLE	V	3.1 TITLE
NAME	MARSHALL, EDWARD W JR.	3.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	3.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	3.4 CITY - ST - ZIP
TITLE	V	4.1 TITLE
NAME	WHITEHEAD, JOHN	4.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	4.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	4.4 CITY - ST - ZIP
TITLE	S	5.1 TITLE
NAME	MATARASO, MATTHEW H	5.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	5.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	5.4 CITY - ST - ZIP
TITLE	VT	6.1 TITLE
NAME	SULLIVAN, JOHN J	6.2 NAME
STREET ADDRESS	38 CORPORATE CIRCLE	6.3 STREET ADDRESS
CITY - ST - ZIP	ALBANY NY 12203	6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E.P. DAVENPORT
1.3 STREET ADDRESS	38 CORPORATE CIRCLE
1.4 CITY - ST - ZIP	ALBANY NY 12203
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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: *E.P. Davenport* DATE: **4/17/96** **518-452-1242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)