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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

5000001638 (4)
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MOVO MEDIA, INC.

Principal Place of Business	Mailing Address
9000 SUNSET BLVD #515 WEST HOLLYWOOD CA 90069	9000 SUNSET BLVD. #515 West Hollywood CA 90069

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Principa! Place of	Business	Mailing Address							
9000 SUNSET BLVD #515 WEST HOLLYWOOD CA 90069		9000 SUNSET BLVD # WEST HOLLYWOOD CA							
						3. Date Incorporated or Qualified 04/05/1995	3a. Date	of Last Rep	oort
	- (D. cianos	2a. Mailing Address				4. FEI Number			pplied For
2. Principal Place	e of Business	26				95-4378799			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		_,,		5. Certificate of Status Desired		*	Additional equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
3		Zip	Coun	ntrv		8. This corporation has liability for	intangible ta	k under s	199.032.
Zip □	Country	29	30	/		Florida Statutes X Yes	s 🔲 No		
4	9. Name and Address of Current		11			10. Name and Address of New	Registered A	Agent	
	9. Italie and Addisso of Canada			81 N	lame				l
THE DOC	NTICE HALL CORPORATION SY	STEM INC.		82 S	Stroot Addr	ess (P.O. Box Number is Not Accepta	ble)		
	YS ST., #105	10,5,11, 110.		02	ILLEGI AGGI	033 (7.10.10.10.10.10.10.10.10.10.10.10.10.10.			
TALLADA	SSEE FL 32301			83					
IALLANA	133EE 1 L 32001			84 (Dity			85 Zıç	Code
			Ļ	·	•		<u>FL</u>		
or registere familiar with	a agent, or both, in the state of Floric a, and accept the obligations of, Secti	on 607.0505, Florida Statutes	š. ,	·	,	ration submits this statement for the p rd of directors. I hereby accept the ap N/A.	DATE		
	lignature, typed or printed name of registered agent OFFICERS ANI	B 19 (10. 7 G) (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
12.	PD	DELETE	1.13	ITLE	S	Sec/Treas	ĺ	Change	X Addition
TITLE	COLLINS, GREGG		1 2 N/	AME	1	ec/Treas lark Terwilliger		-	
NAME	9000 SUNSET BLVD, #515		1.3 ST	REET AS	ODRESS 9	0000 Sunset Blvd.	, #51.	5	
STREET ADDRESS	WEST HOLLYWOOD CA 900	69	1.4 CI	ITY-ST-	ZIF V	Vest Hollywood, C	A 900	<u>69</u>	653 A 4410
CITY-ST-ZIP TITLE	S	ZX DELETE	2 1 7	1] LE		Byron Patterson	ĺ	Change	Addition
NAME	ANDERSON, T V		22 N	AME		/P		_	
STREET ADDRESS	9000 SUNSET BLVD, #515		2.3 \$	TREE1 A	DORESS 9	9000 Sunset Blvd.	, #51.	5	
	WEST HOLLYWOOD CA 900	69	24C	ITY-ST-	ZIP V	<u>Vest Hollywood, C</u>	$A_{-}900$	69	Addition
CITY-ST-ZIP TITLE		☐ DELETE	3 1 1	TITLE		-		Change	[] vonnon
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 \$	STREET A	ADDRESS				
CITY-ST-ZIP			340	ITY-SI	- ZiP			Change	Addition
TITLE		☐ DELETE	4, 11	TITLE				C) change	L. House
NAME			1	IAME	}				
STREET ADDRESS			435	STREET A	UDRESS				
C-TY-ST-Z-P				CITY-ST	- ZIP			☐ Change	Addition
TITLE		DELETE	5.1	TITLE	- 1			L Und Igo	

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 certify 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 13 of changes, or on an attachment with an address. 6.4 CITY - ST - ZIP

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

SIGNING OFFICER OR DIRECTOR

DELETE

CR2E034 (12/95)

☐ Change ☐ Addition