## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001638 (4)

MOVO MEDIA, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 29 1997 8:00am Secretary of State



9000 SUNSET I West Hollyw	BLVD., #515 VOOD CA 90069	9000 SUNSET BLVD., #5 WEST HOLLYWOOD CA					
					3. Date incorporated or Qualified 04/05/1995	3a. Date of L 04/22/19	•
2. Principal P 21 6100 V	Place of Business Wilshire Blvd.	2a. Mailing Address 26 6100 Wilshi	re Blv	d.	4. FEI Number 95-4378799		Applied For
Suite, Apt. #, etc   Suite, Apt. #, etc.     22   Suite 1550   27   Suite 1550					5. Certificate of Status Desired	1	75 Additional
City & State	1000	City & State			6. Election Campaign Financing		.00 May Be
	ngeles, CA	28 Los Angeles	, CA	try USA	Trust Fund Contribution		ided to Fees
<sup>Zip</sup> 90048	Zip USA Zip 90048				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No		
24	9. Name and Address of Current		30		10. Name and Address of New Re		
THE	PRENTICE HALL CORPORATION	SYSTEM, INC.		Name			
1201 HAYS ST., #105 TALLAHASSEE FL 32301				32 Street Add	ess (P.O. Box Number is Not Acceptable)		
				33			<u> </u>
				23			
			-	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the ab	ove-named corp	poration submits this statement for the p	urpose of chanc	ing its registered
office or r agent I a	registered agent, or both, in the State o am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	s authorized ∃orida Statu	by the corpora tes.	tion's board of directors. I hereby accep	t the appointme	nt as registered
SIGNATURE	, ,		n/a				
	Stgrature, typed or picities name of registered agen			Agent signature requi	ired when reinstating)	DATE	27000 11 40
12,	OFFICERS AND	DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
NAME	COLLINS, GREGG	better	1.1 MI	Į.			side - Nontrett
STREET ADDRESS	9000 SUNSET BLVD, #515			EET ADDRESS			
CITY-ST-ZIP	WEST HOLLYWOOD CA 90069			7-ST-ZIP			
TITLE	ST	DELETE	2.1 111			Ch	ange Addition
NAME	TERWILLIGER, MARK		2.2 NAI	AE			
STREET ADDRESS	9000 SUNSET BLVD., #515		2.3 STF	EET ADDRESS			
CITY-ST-ZIP	WEST HOLLYWOOD CA	DELEVE		Y-ST-ZIP		I To	
TITLE	VP	☐ DELETE	3.1 TITI	1		[] Ch	ange
NAME	PATTERSON, BYRON		3.2 NAI				
STREET ADDRESS	9000 SUNSET BLVD., #515 WEST HOLLYWOOD CA			EET ADDRESS			
C:1Y-ST-ZIP TITLE	WEST HOLETWOOD ON	DELETE	4.1 TIT	Y-ST-ZIP E		☐ Ch	ange Addition
NAME		_	4. 2 NA	ì			-
STREET ADDRESS			4.3 STF	EET ADDRESS			
CITY - ST - ZIP			4.4 CIT	r-ST-ZIP			
TITLE		☐ DELETE	5 1 TIT	E		Ch	ange Addition
NAME			5 2 NA	AE.			
STREET ADDRESS			53 \$11	EET ADDRESS			
CITY-S1-ZIP				r-st-zip			
THILE		☐ DELETE	61 TIT			☐ Ch	ange
NAME			6.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZP	1		6.4 CIT	Y - ST - ZIP			

14. I do 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.

213-634-6600

Daytime Phone #