
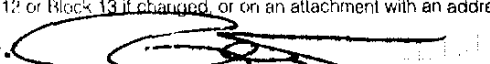


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003419 (7)			
1. Corporation Name SELLTHROUGH ENTERTAINMENT, INC.			
Principal Place of Business 500 KIRTS BLVD. TROY MI 48064		Mailing Address 500 KIRTS BLVD. TROY MI 48064-5225	
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. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. State		86. State	
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: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PD NAME KIRCOS, LOUIS STREET ADDRESS 500 KIRTS BLVD. CITY-ST-ZIP TROY MI 48084		13.1 TITLE PD NAME NADELBERG, STEPHEN STREET ADDRESS 500 KIRTS BLVD CITY-ST-ZIP TROY MI 48064	
12.2 TITLE VD NAME RAM, ROBIN STREET ADDRESS 4531 OAK FAIR BLVD. CITY-ST-ZIP TAMPA FL 33610		13.2 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.3 TITLE VS NAME MORRIS, RICHARD STREET ADDRESS 500 KIRTS BLVD. CITY-ST-ZIP TROY MI 48084		13.3 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.4 TITLE VT NAME EDWARDS, LARRY STREET ADDRESS 500 KIRTS BLVD. CITY-ST-ZIP TROY MI 48084		13.4 TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
12.5 TITLE ASAT NAME KARTJE, KENNETH STREET ADDRESS 500 KIRTS BLVD. CITY-ST-ZIP TROY MI 48084		13.5 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.6 TITLE D NAME STROME, STEPHEN STREET ADDRESS 500 KIRTS BLVD. CITY-ST-ZIP TROY MI 48084		13.6 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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.			
SIGNATURE:  Tom C. Oviatt 4/2/97 8103624400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)