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**Apr 11 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # F95000003419 (7)

1. Corporation Name
SELLTHROUGH ENTERTAINMENT, INC.



Principal Place of Business Mailing Address
500 KIRTS BLVD. TROY MI 48064 **500 KIRTS BLVD. TROY MI 48064-5225**

3. Date Incorporated or Qualified **07/17/1995** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 38-3237521	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T 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	FL	85

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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KIRCOS, LOUIS	1.2 NAME	NA DELBERG, STEPHEN
STREET ADDRESS	500 KIRTS BLVD.	1.3 STREET ADDRESS	500 KIRTS BLVD
CITY - ST - ZIP	TROY MI 48084	1.4 CITY - ST - ZIP	TROY MI 48064
TITLE	VD	2.1 TITLE	
NAME	RAM, ROBIN	2.2 NAME	
STREET ADDRESS	4531 OAK FAIR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	
NAME	MORRIS, RICHARD	3.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	VT
NAME	EDWARDS, LARRY	4.2 NAME	Oviatt, Tom C.
STREET ADDRESS	500 KIRTS BLVD.	4.3 STREET ADDRESS	500 KIRTS Blvd
CITY - ST - ZIP	TROY MI 48084	4.4 CITY - ST - ZIP	TROY MI 48084
TITLE	ASAT	5.1 TITLE	
NAME	KARTJE, KENNETH	5.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	STROME, STEPHEN	6.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	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** 4/21/97 8103624400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)