SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004369 (3)**

1. Corporation Name

IMPERIAL PREMIUM FUNDING, INC.

Principal Place of Business	Mailing Address
180 INTERSTATE N. SUITE 350 ATLANTA GA 30339	~~180 INTERSTATE N.~~ ~~SUITE 350~~ ~~ATLANTA GA 30339~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/08/1995	3a. Date of Last Report
21	26: 15303 VENTURA BLVD #1600	4. FEI Number: 58-2196807	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: #1600	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28: SHERMAN OAKS, CA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 91403 / Country 30: U.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32399-0300	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 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's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CYCON, ROBERT J	12 NAME	
STREET ADDRESS	15303 VENTURA BLVD, SUITE 1600	13 STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS CA 91403	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CYCON, ROBERT J	22 NAME	
STREET ADDRESS	15303 VENTURA BLVD, SUITE 1600	23 STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS CA 91403	24 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HUNT, JAMES K	32 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	33 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WINTROB, JAY S	42 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	43 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	HARRIS, SUSAN L	52 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	53 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	54 CITY-ST-ZIP	
TITLE	D ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, SCOTT L	62 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	63 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	64 CITY-ST-ZIP	

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***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Robert A Cycon 6/18/96 800 906-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
ROBERT A. CYCON