

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90083 017 \*\*\*150.00

**DOCUMENT # F96000001954**

1. Corporation Name  
**CAPE PRODUCTIONS, INC.**



Principal Place of Business  
2877 GUARDIAN LANE  
VIRGINIA BEACH VA 23450-2050

Mailing Address  
PO BOX 2050  
VIRGINIA BEACH VA 23450-2050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1996**

4. FEI Number

**54-1796813**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **10960 Wilshire Blvd.**

Suite, Apt. #, etc.

22 **Suite 2329**

City & State

23 **Los Angeles, CA**

Zip

24 **90024**

Country

25 **USA**

2a. Mailing Address

26 **10960 Wilshire Blvd.**

Suite, Apt. #, etc.

27 **Suite 2329**

City & State

28 **Los Angeles, CA**

Zip

29 **90024**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CCD** ☐ DELETE

NAME **SABAN, HAIM**

STREET ADDRESS **10960 WILSHIRE BLVD**

CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE **SVPA** ☒ DELETE

NAME **ISAKOFF, LOUIS A**

STREET ADDRESS **2877 GUARDIAN LANE**

CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE **SVP** ☒ DELETE

NAME **DANTZLER, LARRY W**

STREET ADDRESS **2877 GUARDIAN LANE**

CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE **AS** ☒ DELETE

NAME **FISSE, JON L**

STREET ADDRESS **1960 WILSHIRE BLVD**

CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE **EVPC** ☐ DELETE

NAME **WOODS, MEL**

STREET ADDRESS **10960 WILSHIRE BLVD**

CITY-ST-ZIP **LOS ANGELES CA 90024**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Executive V.P.** ☐ Change ☒ Addition

1.2 NAME **Donna Cunningham**

1.3 STREET ADDRESS **10960 Wilshire Blvd., Suite 2300**

1.4 CITY-ST-ZIP **Los Angeles, CA 90024**

2.1 TITLE **V.P. and Secretary** ☐ Change ☒ Addition

2.2 NAME **Jack D. Samuels**

2.3 STREET ADDRESS **10960 Wilshire Blvd., Suite 2327**

2.4 CITY-ST-ZIP **Los Angeles, CA 90024**

3.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

3.2 NAME **Stacy Lifton**

3.3 STREET ADDRESS **10960 Wilshire Blvd., Suite 2300**

3.4 CITY-ST-ZIP **Los Angeles, CA 90024**

4.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

4.2 NAME **Greg Economos**

4.3 STREET ADDRESS **10960 Wilshire Blvd., Suite 700**

4.4 CITY-ST-ZIP **Los Angeles, CA 90024**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack D. Samuels**

2-16-99

Date

310-235-5175

Daytime Phone #

CR2E034 (11/98)