

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

DOCUMENT # F96000002312

1. Corporation Name
GCN CORPORATION

Principal Place of Business

401 WILSHIRE BLVD.
SUITE 900
SANTA MONICA CA 90401

Mailing Address

401 WILSHIRE BLVD.
SUITE 900
SANTA MONICA CA 90401

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAJ SERVICES INC
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 full if applicable

(NOTE: Registered Agent Signature and Name are not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD [] DELETE

NAME SHAPIRO, NILS A

STREET ADDRESS 1569 1/2 MANNING AVE

CITY-ST-ZIP LOS ANGELES CA 90024

TITLE DV [] DELETE

NAME KALISH, STEVEN

STREET ADDRESS 303 18TH ST

CITY-ST-ZIP SANTA MONICA CA 90402

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(a), 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, trustee, or 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 the attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
93 JUN 16 11:03:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

95-2972779

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 [X] No

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

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****150.00 ****150.00

[] Change [] Addition

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