


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 29 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000003132 (5)

1. Corporation Name  
BLOWOUT ENTERTAINMENT, INC.

|   |   |
|---|---|
| Principal Place of Business<br>7227 N.E. 55TH AVENUE<br>PORTLAND OR 97218 | Mailing Address<br>7227 N.E. 55TH AVENUE<br>PORTLAND OR 97218 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |  |  |  |  |                                |  |
|--|--|--|--|--|--|--------------------------------|--|
| 2. Principal Place of Business<br>21 7700 NE Ambassador Pl<br>Suite, Apt. #, etc.<br>22 2nd Floor<br>City & State<br>23 Portland OR<br>Zip<br>24 97220 |  | 2a. Mailing Address<br>26 P.O. Box 13280<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Portland, OR<br>Zip<br>29 97213<br>Country<br>30 USA |  | 3. Date Incorporated or Qualified<br>06/20/1996  |  | 3a. Date of Last Report        |  |
|  |  |  |  | 4. FEI Number<br>87-0498950  |  | Applied For<br>Not Applicable  |  |
|  |  |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | \$8.75 Additional Fee Required |  |
|  |  |  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees    |  |
|  |  |  |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  |  |  | 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 |                     |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |  |  |
| TITLE                      | PD                  | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | PD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | BERNS, STEVE        |  |  | 1.2 NAME  | Steve Berns            |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 1.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl  |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 1.4 CITY-ST-ZIP                                       | Portland, OR 97220     |  |  |
| TITLE                      | CFOS                | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | CFOS                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | WETZEL, KARL        |  |  | 2.2 NAME  | Tom Berkompas          |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 2.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl  |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 2.4 CITY-ST-ZIP                                       | Portland, OR 97220     |  |  |
| TITLE                      | V                   | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | V                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | HEYER, HAL          |  |  | 3.2 NAME  | Hal Heyer              |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 3.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl. |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 3.4 CITY-ST-ZIP                                       | Portland OR 97220      |  |  |
| TITLE                      | D                   | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | GIAQUINTO, GENE     |  |  | 4.2 NAME  | Gene Giaguinto         |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 4.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl  |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 4.4 CITY-ST-ZIP                                       | Portland OR 97220      |  |  |
| TITLE                      | D                   | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | COX, KIM            |  |  | 5.2 NAME  | Bill Levine            |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 5.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl  |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 5.4 CITY-ST-ZIP                                       | Portland OR 97220      |  |  |
| TITLE                      | D                   | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MASUDA, MUNEAKI     |  |  | 6.2 NAME  | Muncaki masuda         |  |  |
| STREET ADDRESS             | 7227 NE 55TH AVENUE |  |  | 6.3 STREET ADDRESS                                    | 7700 NE Ambassador Pl  |  |  |
| CITY-ST-ZIP                | PORTLAND OR 97218   |  |  | 6.4 CITY-ST-ZIP                                       | Portland OR 97220      |  |  |

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:  SIGNATURE REQUIRED:  7/16/97 (603) 331-2729

CR2E034 (4/97)



**Board of Directors  
Year End 1996**

- 1). Steve Berns  
7700 NE Ambassador PL  
2<sup>nd</sup> Floor  
Portland, OR 97220
- 2). Eugene F. Giaquinto  
7700 NE Ambassador PL  
2<sup>nd</sup> Floor  
Portland, OR 97220
- 3). Bill LeVine  
7700 NE Ambassador PL  
2<sup>nd</sup> Floor  
Portland, OR 97220
- 4). Muneaki Masuda  
7700 NE Ambassador PL  
2<sup>nd</sup> Floor  
Portland, OR 97220
- 5). Seth Reames  
7700 NE Ambassador PL  
2<sup>nd</sup> Floor  
Portland, OR 97220