

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Jul 29 1998 8:00am**  
**Secretary of State**

**DOCUMENT # F96000003132 (5)**  
 1. Corporation Name  
**BLOWOUT ENTERTAINMENT, INC.**



Principal Place of Business: **7700 NE AMBASSADOR PL 2ND FLOOR PORTLAND OR 97220 US**  
 Mailing Address: **P O BOX 13280 PORTLAND OR 97213 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1996**  
 4. FEI Number: **87-0498950**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 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 City: 84 State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNS, STEVE</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	
TITLE	<b>CFOS</b>	<input type="checkbox"/> DELETE
NAME	<b>BERKOMPAS, TOM</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, HAL</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIAQUINTO, GENE</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, BILL</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASUDA, MUNEAKI</b>	
STREET ADDRESS	<b>7700 NE AMBASSADOR PL</b>	
CITY-ST-ZIP	<b>PORTLAND OR</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Yoshinori Ogida</b>	
1.3 STREET ADDRESS	<b>7700 NE Ambassador Pl, 2nd Fl</b>	
1.4 CITY-ST-ZIP	<b>Portland, OR 97220</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Seth Reames</b>	
2.3 STREET ADDRESS	<b>7700 NE Ambassador Pl, 2nd Fl</b>	
2.4 CITY-ST-ZIP	<b>Portland, OR 97220</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sandra B. Morham* DATE: *7/29/98*

CR2E034 (10/97)