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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90164 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000003132**

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

2. Principal Place of Business  
 21 **7700 Ne Ambassador**  
 Suite, Apt. #, etc. **2ND FLOOR**  
 City & State **Portland, OR**  
 Zip **97220** Country

2a. Mailing Address  
 26 **P.O. Box 13280**  
 Suite, Apt. #, etc.  
 City & State **Portland, OR**  
 Zip **97213** Country

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 the current year Intangible Personal Property Tax.  Yes  No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Tom Berkompas* **Tom Berkompas** 1/26/99 503-231-2229  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)