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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000634 (2)**

1. Corporation Name
E P COMMTELENT SERVICES, INC.

Principal Place of Business	Mailing Address
3601 WEST OLIVE AVENUE, 8TH FLOOR BURBANK CA 91505	3601 WEST OLIVE AVENUE, 8TH FLOOR BURBANK CA 91505



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2835 North Naomi Street	26 2835 North Naomi Street	95-4611852	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27 Attn: Legal Department	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Burbank, California	28 Burbank, California		
Zip	Country		
24 91504	25 USA		
Zip	Country		
29 91504	30 USA		

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	C	<input type="checkbox"/> DELETE
NAME	DRANEY, ROBERT W	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY - ST - ZIP	BURBANK CA 91505	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, JACK L	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY - ST - ZIP	BURBANK CA 91505	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAYLOR, MICHELE D	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY - ST - ZIP	BURBANK CA 91505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAUGHAN, GEORGE M	
STREET ADDRESS	3601 WEST OLIVE AVENUE, 8TH FLOOR	
CITY - ST - ZIP	BURBANK CA 91505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOVAN, JAMES M	
STREET ADDRESS	515 S. FIGUEROA STREET, STE. 1000	
CITY - ST - ZIP	LOS ANGELES CA 90071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DRANEY, ROBERT W.	
1.3 STREET ADDRESS	2835 NORTH NAOMI STREET	
1.4 CITY - ST - ZIP	BURBANK, CA 91504	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETERSON, JACK L.	
2.3 STREET ADDRESS	2835 NORTH NAOMI STREET	
2.4 CITY - ST - ZIP	BURBANK, CA 91504	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAYLOR, MICHELE D.	
3.3 STREET ADDRESS	2835 NORTH NAOMI STREET	
3.4 CITY - ST - ZIP	BURBANK, CA 91504	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAUGHAN, GEORGE M.	
4.3 STREET ADDRESS	2835 NORTH NAOMI STREET	
4.4 CITY - ST - ZIP	BURBANK, CA 91504	
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:

Michele D. Caylor **Michele D. Caylor** 1/26/98 818-955-6000

CR2E034 (10/97)