

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

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

03-01-1999 90192 001 ***150.00

DOCUMENT # F97000002813

1. Corporation Name

VIRGIN ENTERTAINMENT GROUP, INC.



Principal Place of Business

Mailing Address

~~4751 WILSHIRE BOULEVARD, THIRD FLOOR~~
~~LOS ANGELES CA 90010~~

4751 WILSHIRE BOULEVARD, THIRD FLOOR
LOS ANGELES CA 90010

1494 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

95-4385291

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

81 Name

PARACORP INCORPORATED

82 Street Address (P.O. Box Number is Not Acceptable)

236 EAST 6TH AVENUE

83

84 City

TALLAHASSEE

85 FL

Zip Code

32303

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

Denise Zolner

DENISE ZOLNER ASSISTANT SECRETARY

1/28/99

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 D
NAME MURPHY, STEPHEN
STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
CITY-ST-ZIP LOS ANGELES CA 90010 ☒ DELETE

1.1 TITLE P/CEO
1.2 NAME RUSS PILLAR
1.3 STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
1.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☒ Change ☐ Addition

TITLE VS
NAME MEISBERGER, R S
STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
CITY-ST-ZIP LOS ANGELES CA 90010 ☒ DELETE

2.1 TITLE S/D
2.2 NAME CANDACE CRAWFORD
2.3 STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
2.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☒ Change ☐ Addition

TITLE D
NAME WRIGHT, SIMON
STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
CITY-ST-ZIP LOS ANGELES CA 90010 ☐ DELETE

3.1 TITLE VP
3.2 NAME MICHAEL TOWNSEND
3.3 STREET ADDRESS 4751 WILSHIRE BOULEVARD, THIRD FLOOR
3.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☐ Change ☒ Addition

TITLE CEO
NAME BURKE, SIMON
STREET ADDRESS 4751 WILSHIRE BLVD., THIRD FLOOR
CITY-ST-ZIP LOS ANGELES CA 90010 ☐ DELETE

4.1 TITLE VP
4.2 NAME DAVID ALDER
4.3 STREET ADDRESS 4751 WILSHIRE BLVD, THIRD FLOOR
4.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE VP
5.2 NAME CHRISTOS GARKINOS
5.3 STREET ADDRESS 4751 WILSHIRE BLVD, THIRD FLOOR
5.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE D
6.2 NAME SIMON BURKE
6.3 STREET ADDRESS 4751 WILSHIRE BLVD. THIRD FLOOR
6.4 CITY-ST-ZIP LOS ANGELES, CA 90010 ☒ Change ☐ Addition

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:

Candace Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANDACE CRAWFORD

Date

2/2/99

Daytime Phone #

(323) 935-1500 X219

CR2E034 (1/198)