

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L92538** (2)

1. Corporation Name  
**S.P.G. PARTHENON PRODUCTIONS, INC.**

95 FEB -6 AM 11:54

Principal Place of Business	Mailing Address
<b>126 PALM AVENUE #2 SAN FRANCISCO CA 94118 US</b>	<b>126 PALM AVENUE #2 SAN FRANCISCO CA 94118 US</b>

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified <b>07/30/1990</b>	3a. Date of Last Report <b>08/09/1994</b>
4. FEI Number <b>65-0240951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GEMMI, PETER ANTHONY  
235 SUNRISE AVENUE  
SUITE #3240  
PALM BEACH FL 33480**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLAVICINI, GIOVANNI R.	1.2 NAME	
STREET ADDRESS	126 PALM AVENUE #1	1.3 STREET ADDRESS	
CITY- ST- ZIP	SAN FRANCISCO CA	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JOHN GARY	2.2 NAME	
STREET ADDRESS	126 PALM AVENUE #2	2.3 STREET ADDRESS	
CITY- ST- ZIP	SAN FRANCISCO CA	2.4 CITY- ST- ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIFER, BARBARA P.	3.2 NAME	
STREET ADDRESS	126 PALM AVENUE #2	3.3 STREET ADDRESS	
CITY- ST- ZIP	SAN FRANCISCO CA	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELZNICK DANIEL MAYER	4.2 NAME	
STREET ADDRESS	66 EAST 68TH STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELMAR-MORGAN, MICHAEL	5.2 NAME	
STREET ADDRESS	SWAYNES	5.3 STREET ADDRESS	
CITY- ST- ZIP	HORSHAM EN	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLAVICINI, RAIMONDO	6.2 NAME	
STREET ADDRESS	REGENTHAUS - PRINZREGENTENSTRASSE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MUNICH GE	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an acknowledgment.

SIGNATURE: *Giovanni Pallavicini* 1-27-1995  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GIOVANNI R. PALLAVICINI**  
 Date: **UHS 752 6070**