

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L92538 (2)**

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



Principal Place of Business      Mailing Address  
**235 SUNRISE AVENUE  
SUITE 1108  
PALM BEACH FL 33480  
US**      **235 SUNRISE AVENUE  
SUITE 1108  
PALM BEACH FL 33480  
US**

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/30/1990**      **02/06/1995**  
4. FEI Number      Applied For  
**65-0240951**      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 has liability for intangible tax under s. 199.032, Florida Statutes       Yes       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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	PALLAVICINI, GIOVANNI R.	
STREET ADDRESS	126 PALM AVENUE #1	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRAHAM, JOHN GARY	
STREET ADDRESS	126 PALM AVENUE #2	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PETTIFER, BARBARA P.	
STREET ADDRESS	126 PALM AVENUE #2	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELZNICK DANIEL MAYER	
STREET ADDRESS	66 EAST 68TH STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELMAR-MORGAN, MICHAEL	
STREET ADDRESS	SWAYNES	
CITY- ST- ZIP	HORSHAM EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALLAVICINI, RAIMONDO	
STREET ADDRESS	REGENTHAUS - PRINZREGENTENSTRASSE	
CITY- ST- ZIP	MUNICH GE	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Giovanni Pallavicini*      1-16-96      416-762-6070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)