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

DOCUMENT #

1. Corporation Name

L92538

S.P.G. PARTHENON PRODUCTIONS, INC.

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90018 015 ***150.00

Principal Place of Business	e of Business Mailing Address				
!@¢ PALM AVENUE	SAME		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
SAN FRANCISCO, CA ₉₄₁₁₈₋₂₅₄₃			3. Date Incorporated or Qualifed		
nc.			07/00/1990		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2501 BRIGHOT DRIVE	26 SAME		65-0240951	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22 B-12	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5,00 May.8e	
23 WEST PALM BEACH, FLORID			Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Inter-	\	
24##\$3409-64635 PALM BEAC		0	Personal Property Tax.	Yes xxNo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
DDWCD CMWI			JAMES W. COOK, SR.		
PETER CMMI		82 Street	Address (P.O. Box Number is Not Acceptable)		
1515 S. FLAGLER DRIVE		83	-2501-BRISTOL DRIVE B-1	2	
#501	\ 1	00	·		
WEST PALM BEACH, FL ##\$) :	84 City	ST PALM BEACH FL	85 Zip Code 33409	
44 Francisco of Scaling 607 0503	and 607 1509. Elected Statutes	the above named	CST PALM BEACH Corporation submits this statement for the surpose of	changing its registered	
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 Quich 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.					
agent. I ain faithiliar with, and accept the obligation	ns/of, Section 607.0505, Florid	a Statutes.	4-28-9	a	
SIGNATURE Synature, typed or printed name of registered agent a	nd title if anglicable (NOTE Ri	egistered Agent signature n	equired when reinstaling) DATE	<i>!</i>	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	PC	Change Addition	
NAME //		1.2 NAME	PALLAVICINI, GIOVANNI R	X .	
STREET ADDRESS		1.3 STREET ADDRESS	1055 WEST HASTINGS STRE		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	VANCOUVER, BC CANADA V6E	2E9	
TITLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME	22 NAME CON		- · · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			STATEN, GARY 311 E RS T KNOLLWOOD STREET		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	TAMPA, FL 33604	Change Addition	
NAME	3.2 NAME HAS		HASAN HASAN		
STREET ADDRESS	SS 3.3 STREET ADDRESS 65.		579 WALTHAM AVENUE		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	BHRNARY, RA-CANADA VSH	3¥6.	
TITLE	☐ DELETE	4.1 TITLE	BURNABY, BC CANADA V5H : DV	O Ehange	
ME 4. 2 NAME		4. 2 NAME	JAMES W. COOK, SR.		
STREET ADDRESS			501 BRISTOL DRIVE SUITE B-12		
CITY-ST-2IP	4.4.CITY-ST-ZIP WE		WEST PALM BEACH, FL 33409		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		D CODAY MAC KENGIE			
STREET ADDRESS			URRAY MAC KENZIE 331 WEST 22nt STREET		
CITY-ST-ZIP		5.4 CITY-ST-ZIP 6.1 TITLE	NORTH VANCOUVER, BC, CAN	IMPANOV 7 M Addis 3	
TITLE	☐ DELETE		NORTH VANCOUVER, BC, CAP	A KATENBERIÑO A N E-II WORDREZI -	
NAME		6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS					
CITY-ST-ZIP		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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (561) 471-9878 plate 9 Daytime Phone # R2E034 (11/98)