

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

APPROVED
AND
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1998 FEB 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996 <i>ad</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M13630 (2)

1. Corporation Name

CAPITAL M PRODUCTIONS, INC.

Principal Place of Business

9145 SUNSET BLVD., #100
LOS ANGELES CA 90069-3121

Mailing Address

9145 SUNSET BLVD., #100
LOS ANGELES CA 90069-3121

3. Date Incorporated or Qualified
04/04/1985

3a. Date of Last Report
04/20/1995

2. Principal Place of Business
21 8730 Sunset Blvd.

2a. Mailing Address
26 8730 Sunset Blvd.

4. FEI Number
59-2525510

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #175

Suite, Apt. #, etc.
27 #175

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Los Angeles, CA

City & State
28 Los Angeles, CA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 90069

Country
25 USA

Zip
29 90069

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORWITZ, SANFORD B.
2121 Ponce de Leon Blvd., Suite 1100
MIAMI FL 33134

81 Name

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

700002444897--2

83 -03/03/98--01014--013

84 City

***1050.00 ***1050.00

FL

155 25 0000

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

2-26-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCGHEE, DOC
9145 SUNSET BLVD., #100
LOS ANGELES CA ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
McGhee, Doc
8730 Sunset Blvd., #175
Los Angeles, CA 90069 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
GREGORY, JOHN
9145 SUNSET BLVD., #100
LOS ANGELES CA ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DTS
Gregory, John
8730 Sunset Blvd., #175
Los Angeles, CA 90069 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-98

310-358-9200

(Date)

Daytime Phone

REINSTATEMENT