

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36099** (0)

1. Corporation Name
CSC VENTURES, INC.



Principal Place of Business ATTN: CORPORATE TAX DEPARTMENT 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245	Mailing Address ATTN: CORPORATE TAX DEPARTMENT 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245-5024
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3. Date Incorporated or Qualified 10/29/1991	3a. Date of Last Report 01/31/1996
4. FEI Number 95-2624508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, VAN B.	1.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J	2.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, HAYWARD D.	3.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, DENIS M.	4.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, THOMAS R.	5.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, LARRY D.	6.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **Larry D. Goodman/Asst. Tres. 01-24-97** (310) 615-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)