

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 19 PM 12:06

DOCUMENT # P39852 (9)

1. Corporation Name
EPISODE USA, INC.

Principal Place of Business
**1040 AVENUE OF THE AMERICAS
 NEW YORK NY 10018**

Mailing Address
**1040 AVENUE OF THE AMERICAS
 NEW YORK NY 10018**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1992** 3a. Date of Last Report **05/26/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		11-2750441		Not Applicable	
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
						7. This corporation has liability for interstate tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANG, JEFFREY J.	1 2 NAME	
STREET ADDRESS	1040 AVE OF THE AMERICAS	1 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANG, CHRISTINE	2 2 NAME	
STREET ADDRESS	1040 AVE OF THE AMERICAS	2 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2 4 CITY - ST - ZIP	
TITLE	VP	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELES, MICHAEL	3 2 NAME	
STREET ADDRESS	1040 AVE AMERICAS	3 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3 4 CITY - ST - ZIP	
TITLE	PCEO	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATGEANO, RICHARD	4 2 NAME	
STREET ADDRESS	1040 AVE OF AMERICAS	4 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4 4 CITY - ST - ZIP	
TITLE	STD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIANG, Y.S.	5 2 NAME	
STREET ADDRESS	1040 AVE OF THE AMERICAS	5 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5 4 CITY - ST - ZIP	
TITLE	C	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANG, KENNETH H.	6 2 NAME	
STREET ADDRESS	1040 AVE OF THE AMERICAS	6 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Belej U.P. 6/6/95 (212) 596-0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Here)

CR2E034 (3/95)