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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUM | 996 | | | | | |
|--|--|---|---|---|---------------------------------|----------------------------|
| 1. Corporation N | IENT # P40526 | | | | | |
| | EP MANAGEMENT | SERVICES | | | | |
| Principal Place of Business 3601 West Olive Avenue, 8th Fl. 3601 W. Olive Avenue Burbank, CA 91505 Mailing Address Burbank, CA 91505 | | | | 8th F1 | | |
| Burbank | , CA 91303 | • | egal Dept. | 3. Date Incorporated or Qualified | 3a. Date of Last Re 4/29/1994 | • |
| Principal Place of Business 2a. Mailing Address | | 2a. Mailing Address | | 9/17/1992 4. FET Number | | Applied For |
| 1 26 | | h | | 95-4339354 | | Not Applicable |
| O(nte, rys. n, etc. | | Suite, Apt. #, etc. | 5. Certificate of Status Desired 🙀 \$8.75 Additi | | | |
| ·* | | Orty & State | | | \$5.0 | May Be |
| 23 | | 28 | | Trust Fund Contribution | | d to Fees |
| Zip | Country | <i>Ζ</i> ιρ | Gountry 30 | 8. This corporation has liability for i | intangible tax urider s ☐ No | 199,032, |
| 24 | 25 9. Name and Address of Currer | | 1 | 10. Name and Address of New R | legistered Agent | |
| Prentic | e Hall Corporation | System, Inc. | 81 Name | | | |
| 110 North Magnolia Street Tallahassee, FL 32301 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the statute of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the statute of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the statute of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the statute of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the statute of the st | | | 82 Street Addre | Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| | | | 84 City | | RS 7: | p Code |
| | | | | | FL | |
| | ome provisions of Sections 607,000, and agent, or both, in the State of Floring, and accept the obligations of, Sec | tion 607.0505, Florida Statutes. | g by the corporation a both | | | d agent. I am |
| s | Signature: typed or printed harne of registered agon | it and title if applicable (NO). ID DIRECTORS | E Fag thead Age at signature research | ADDITIONS/CHANGES TO OFF | DATE | DRS IN 12 |
| 712. | | DELETE | 1.1 THLE | | ☐ Change | Addition |
| NAME | CD DRANEY, ROBERT W. | | 1.2 NAME | | | |
| STREET ADDRESS | 3601 WEST OLIVE AV | | | | | |
| | | E, 8TH FLOOR | 1 3 STHEET ADDRESS | | | |
| C:1Y-ST-ZiP | BURBANK, CA 91505 | E, 8TH FLOOR | 1.4 CHY-ST-ZIP | | Change | Addition |
| 1616 | PD | ZE, 8TH FLOOR | | | ☐ Change | Addition |
| | PD PETERSON, JACK L. | L') petere | 1.4 CHY-ST-ZIP 2-3 THLE | | ☐ Change | Addition |
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SIGNATURE: SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 bas 818-955-6000