

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P14421 (2)

1. Corporation Name

FACILITY MERCHANDISING, INC.



Principal Place of Business

Mailing Address

%GEORGE SMITH, MCA INC.
100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608

%GEORGE SMITH, MCA INC.
100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY CA 91608

2. Principal Place of Business

2a. Mailing Address

21 FACILITY MERCHANDISING INC

26 FACILITY MERCHANDISING INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5959 TOPANGA CYN #315

27 5959 TOPANGA CYN #315

City & State

City & State

23 WOODLAND HILLS, CA

28 WOODLAND HILLS, CA

Zip

Country

Zip

Country

24 91367

25 USA

29 91367

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

95-3610027 95-3639471

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ARENSON, MILTON
STREET ADDRESS 80 UNIVERSAL CITY PLAZA
CITY-ST-ZIP UNIVERSAL CITY CA

TITLE SD ☒ DELETE

NAME SAMUEL, MICHAEL
STREET ADDRESS 100 UNIVERSAL CITY PLZA.
CITY-ST-ZIP UNIVERSAL CITY CA

TITLE TD ☒ DELETE

NAME BAKER, RICHARD E.
STREET ADDRESS 100 UNIVERSAL CITY PLZA.
CITY-ST-ZIP UNIVERSAL CITY CA

TITLE VD ☒ DELETE

NAME SMITH, GEORGE
STREET ADDRESS 100 UNIVERSAL CITY PLZA.
CITY-ST-ZIP UNIVERSAL CITY CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(818) 763-6690

Daytime Phone #

CR2E034 (12/95)