

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

FILED

Jun 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000234 (2)

1. Corporation Name
AUTHOR SERVICES, INC.



Principal Place of Business: 7051 HOLLYWOOD BLVD., STE 400, HOLLYWOOD CA 90028
Mailing Address: 7051 HOLLYWOOD BLVD., STE 400, HOLLYWOOD CA 90028-8056

3. Date Incorporated or Qualified: 01/12/1996
3a. Date of Last Report: N/A
4. FEI Number: 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: JOHNSON, ROBERT E, %JOHNSON & JOHNSON, 100 S. ASHLEY DRIVE., STE 1450, TAMPA FL 33602
10. Name and Address of New Registered Agent: Robert E. Johnson, c/o Broad & Casel, 100 N. Tampa, Suite 3500, Tampa, FL 33602

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 re-registering) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, and City-ST-ZIP for multiple individuals like Norman F Starkey and Ryland Hawkins.

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 or changed in a private attachment with an address.

SIGNATURE: [Signature] RYLAND HAWKINS 6/19/97 (213)466-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # F96000000234 (2)
1. Corporation Name
AUTHOR SERVICES, INC.



Principal Place of Business 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028	Mailing Address 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/12/1996	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> XXX	\$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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, ROBERT E %JOHNSON & JOHNSON 100 S. ASHLEY DRIVE., STE 1450 TAMPA FL 33602	10. Name and Address of New Registered Agent
	81 Name SAME
	82 Street Address (P.O. Box Number is Not Acceptable) Broad & Cassel
	83 100 N. Tampa Street, Suite 3500
	84 City Tampa
	85 Zip Code FL 33602

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	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	STARKEY, NORMAN F
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400
CITY-ST-ZIP	HOLLYWOOD CA
TITLE	VSD <input type="checkbox"/> DELETE
NAME	HAWKINS, RYLAND
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400
CITY-ST-ZIP	HOLLYWOOD CA
TITLE	TD <input type="checkbox"/> DELETE
NAME	WUETHRICH, MARKUS
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400
CITY-ST-ZIP	HOLLYWOOD CA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:  **Ryland Hawkins** February 12, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0525604

CR2E034 (10/97)

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000000234

1. Corporation Name
AUTHOR SERVICES, INC.

Principal Place of Business	Mailing Address
7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028	7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/12/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <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			
JOHNSON, ROBERT E BROAD & CASSEL 100 N TAMPA STREET, SUITE 3500 TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARKEY, NORMAN F	1.2 NAME	
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, RYLAND	2.2 NAME	
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUETHRICH, MARKUS	3.2 NAME	TD
STREET ADDRESS	7051 HOLLYWOOD BLVD., STE 400	3.3 STREET ADDRESS	ALLCOCK, JOHN
CITY-ST-ZIP	HOLLYWOOD CA	3.4 CITY-ST-ZIP	7051 HOLLYWOOD BLVD., STE 400
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	HOLLYWOOD, CA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Ryland Hawkins* **RYLAND HAWKINS** (323) 466-3310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 047 ***158.75

DOCUMENT # F96000000234

1. Entity Name

AUTHOR SERVICES, INC.

Principal Place of Business

7051 HOLLYWOOD BLVD., STE 400
 HOLLYWOOD CA 90028

Mailing Address

7051 HOLLYWOOD BLVD., STE 400
 HOLLYWOOD CA 90028-6041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ROBERT E
BROAD & CASSEL
100 N TAMPA STREET, SUITE 3500
TAMPA FL 33602

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCD	STARKEY, NORMAN F		
7051 HOLLYWOOD BLVD., STE 400	HOLLYWOOD CA		
VSD	HAWKINS, RYLAND		
7051 HOLLYWOOD BLVD., STE 400	HOLLYWOOD CA		
TD	WUETHRICH, MARKUS		
7051 HOLLYWOOD BLVD., STE 400	HOLLYWOOD CA		
TD	ALLCOCK, JOHN		
7051 HOLLYWOOD BLVD., STE 400	HOLLYWOOD CA		

13. I 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____

RYLAND HAWKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 APRIL 2000

CR2E034 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 29, 2001 08:00 AM
Secretary of State**

DOCUMENT # F96000000234

1. Entity Name
AUTHOR SERVICES, INC.

Principal Place of Business 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028	Mailing Address 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA 90028
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent JOHNSON ROBERT E BROAD & CASSEL 100 N TAMPA STREET, SUITE 3500 TAMPA FL 33602 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WUETHRICH MARKUS 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAWKINS RYLAND 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STARKEY NORMAN F 7051 HOLLYWOOD BLVD., STE 400 HOLLYWOOD CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ryland Hawkins s 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000000234

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: AUTHOR SERVICES, INC.

Current Principal Place of Business:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Principal Place of Business:

Current Mailing Address:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
BROAD & CASSEL
100 N TAMPA STREET, SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STARKEY, NORMAN F
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: VSD () Delete
Name: HAWKINS, RYLAND
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: TD () Delete
Name: WUETHRICH, MARKUS
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYLAND HAWKINS

Electronic Signature of Signing Officer or Director

VSD

05/01/2002

_____ Date

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000000234

FILED
May 01, 2003
Secretary of State

Entity Name: AUTHOR SERVICES, INC.

Current Principal Place of Business:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Principal Place of Business:

Current Mailing Address:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
BROAD & CASSEL
100 N TAMPA STREET, SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STARKEY, NORMAN F
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: VSD () Delete
Name: HAWKINS, RYLAND
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: TD () Delete
Name: WUETHRICH, MARKUS
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYLAND HAWKINS

Electronic Signature of Signing Officer or Director

VSD

05/01/2003

_____ Date

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# F96000000234

Entity Name: AUTHOR SERVICES, INC.

Current Principal Place of Business:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Principal Place of Business:

Current Mailing Address:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
BROAD & CASSEL
100 N TAMPA STREET, SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STARKEY, NORMAN F
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: VSD () Delete
Name: HAWKINS, RYLAND
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: TD () Delete
Name: WUETHRICH, MARKUS
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYLAND HAWKINS

Electronic Signature of Signing Officer or Director

VSD

05/03/2004

Date

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2007
Secretary of State**

DOCUMENT# F96000000234

Entity Name: AUTHOR SERVICES, INC.

Current Principal Place of Business:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Principal Place of Business:

Current Mailing Address:

7051 HOLLYWOOD BLVD., STE 400
HOLLYWOOD, CA 90028

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
BROAD & CASSEL
100 N TAMPA STREET, SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: HAWKINS, RYLAND
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

Title: PD () Delete
Name: WUETHRICH, MARKUS
Address: 7051 HOLLYWOOD BLVD., STE 400
City-St-Zip: HOLLYWOOD, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYLAND HAWKINS

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05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date