

03/08/11 SSCPL1A

STATUS INQUIRY

PAGE 1

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CPOISTA3

NAME AUTHOR SERVICES, INC.

CORP NO C1057096 INC. DATE 10/13/1981 STATUS ACTIVE  
DOMESTIC STOCK CLASS  
NO OF PAGES 02 ST/CTRY

STMNT/OFFICERS LAST COMPLETE C DATE 11/11/10 NO EC67176  
COMPL/NC N DATE 09/08/09 NO 0384175  
AMENDMENT DATE NO

PRINCIPAL EXECUTIVE ADDR 7051 HOLLYWOOD BLVD.

CITY/ST/CNTRY HOLLYWOOD

CALIFORNIA  
ZIP 90028

CALIFORNIA ADDRESS 7051 HOLLYWOOD BLVD.

CITY HOLLYWOOD

CA 90028

MAILING ADDRESS

7051 HOLLYWOOD BLVD.

CITY/ST/CNTRY HOLLYWOOD

CALIFORNIA  
ZIP 90028

CEO NAME MARKUS WUETHRICH  
ADDRESS 7051 HOLLYWOOD BLVD.

CITY/ST/CNTRY HOLLYWOOD

CA  
ZIP 90028

AGENT NAME SHERMAN D LENSKE  
ADDRESS 6400 CANOGA AVENUE  
SUITE 315  
CITY WOODLAND HILLS

CA 91367

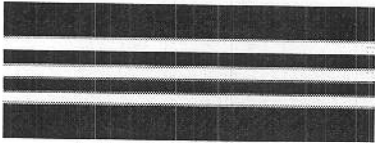
TYPE OF BUSINESS LITERARY AGENCY

ENTR=CONTINUE

PF2=HISTORY

PF3=BACK TO WORKSCREEN

PF10=MAIN MENU



**State of California  
Secretary of State**



**E-C67176  
FILED**

**STATEMENT OF INFORMATION  
(Domestic Stock and Agricultural Cooperative Corporations)**

In the office of the Secretary of  
State of the State of California

**Nov - 11 2010**

**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**

This Space For Filing Use Only

**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)  
C1057096  
AUTHOR SERVICES, INC. S

**DUE DATE:**

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 7051 HOLLYWOOD BLVD. HOLLYWOOD CA 90028	CITY	STATE	ZIP CODE
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 7051 HOLLYWOOD BLVD. HOLLYWOOD CA 90028	CITY	STATE	ZIP CODE
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE

**NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS** (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ MARKUS WUETHRICH	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD, CA	STATE	ZIP CODE 90028
6. SECRETARY/ RYLAND HAWKINS	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD, CA	STATE	ZIP CODE 90028
7. CHIEF FINANCIAL OFFICER/ ALFRED P KOCH	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD CA	STATE	ZIP CODE 90028

**NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS** (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ALFRED P KOCH	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD, CA	STATE	ZIP CODE 90028
9. NAME RYLAND HAWKINS	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD, CA	STATE	ZIP CODE 90028
10. NAME MARKUS WUETHRICH	ADDRESS 7051 HOLLYWOOD BLVD.	CITY HOLLYWOOD, CA	STATE	ZIP CODE 90028

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY: 0

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS  
SHERMAN D LENSKE

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 6400 CANOGA AVENUE SUITE 315 WOODLAND HILLS, CA 91367	CITY	STATE	ZIP CODE
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**TYPE OF BUSINESS**

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
LITERARY AGENCY

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

11/11/2010 DATE	RYLAND HAWKINS TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	SECRETARY TITLE	 SIGNATURE
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State of California  
Secretary of State



09-384175

FILED  
in the office of the Secretary of State  
of the State of California

SEP 08 2009  
This Space For Filing Use Only

STATEMENT OF INFORMATION  
(Domestic Stock and Agricultural Cooperative Corporations)

FEE (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C1057096  
AUTHOR SERVICES, INC.  
RYLAND HAWKINS  
7051 HOLLYWOOD BLVD.  
HOLLYWOOD CA 90028

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DUE DATE: 10-31-09

NO CHANGE STATEMENT (Not applicable if agent address of record is a P.O. Box address. See instructions.)

2.  If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 16.  
 If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE CA	ZIP CODE
5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

6. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
7. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
8. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 14 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 14 must be left blank.)

13. NAME OF AGENT FOR SERVICE OF PROCESS

14. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE CA	ZIP CODE
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TYPE OF BUSINESS

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

9/3/2009  
DATE

Ryland Hawkins  
TYPE/PRINT NAME OF PERSON COMPLETING FORM

Secretary  
TITLE

*[Signature]*  
SIGNATURE

APPROVED BY SECRETARY OF STATE