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Apr 02, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L06156**

1. Corporation Name

TELE-PRODUCTION ADVERTISING INC.

Principal Place of Business Mailing Address						I IMETIBLE BIT BRITE BITER HIBE HEBE BITE BITE BIEN ATON AND MARK BARN AND MARK
% ALIDA BRITO % ALIDA BRITO						
5791 SW 34TH ST 5791 SW 34TH ST						DO MOT MUDITE IN THIS SPACE
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE
					•	3. Date Incorporated or Qualifed 08/02/1989
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
26						65-0131301 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & Stat	City & State	ty & State			6. Election Campaign Financing \$5.00 May Be	
23	_	28	1 ·			Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre		1 1			10. Name and Address of New Registered Agent
				81	Name	
BRITO, ALBERTO J.				82	Chant Adds	ress (P.O. Box Number is Not Acceptable)
5791 SW 34 ST				02	Straer Addi	ESS (F.O. Box Mulliber is Not Acceptable)
MIAI	VII FL 33155			83		
	•				·	
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the a	bove	e-named corp	pration submits this statement for the purpose of changing its registered
office or r	agistored agent, or both, in the Stati	e of Florida. Such change was	authorized	1 hv 1	the corporatio	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0303, F	ionua Stat	uies.	•	,
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NO	TE: Registered	Agent	t signature require	d when reinstating) OATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TI	ΠĘ		☐ Change ☐ Addition
NAME	BRITO, ALIDA		1.2 N	1.2 NAME		
STREET ADDRESS	5791 SW 34 ST		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CI	1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	BRITO, ALBERTO J.	_	22 N	2.2 NAME		
	5791 SW 34 ST				ADDRESS	
STREET ADDRESS	MIAMI FL		2.40		i	
CITY-ST-ZIP		DELETE	3.1 ΤΙ		1-21	☐ Change ☐ Addition
TITLE			3.2 N		İ	.,
NAME		•			ADDRESS	
STREET ADDRESS	•	•			İ	•
CITY-ST-ZIP		☐ DELETE	3.4. C	ITY-S	1-212	☐ Change ☐ Addition
TITLE			4.2 N		ĺ	
NAME						
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE		TY-ST	r-zip	☐ Change ☐ Addition
TITLE	•	(1) DELETE	5.1 T			· · ·
NAME			•		ADDDERO	•
STREET ADDRESS)				ADDRESS	
CITY-ST-ZIP		□ aciere		TY-ST	1+414	☐ Change ☐ Addition
TITLE	}	☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N			
					ADDRESS	

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 preference 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 apartichment with the address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305-6631281