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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 12 1997 8:00am

Sandra B. Mortham

DOCUMENT # L87340 (0) INTERAXX TELEVISION NETWORK, INC. Principal Place of Business 1000 BSCAYNE BLVD 800 N MAIN FI, 33161 N MAIN FI, 33163 N		JAL REPORT 1997	Secretary DIVISION OF CO		Secreta	ary of State
Manual FL 33161 Manual FL 33161 Manual FL 33161-7402 US Substitution Manual FL 33161-7402 Manual FL 33161-7402 US Substitution Manual FL 33161-7402	DOCUI 1. Corporation	MENT # L8734 0				RIKKA BABAI BIBNI BIBNI BIBNI BIBNI HBBI
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3. Date incorporated or Qualified On OZ/09/1986 2. Principal Pace of Eurimess 2. Suito, Apt #, etc. Suito, Apt #, etc. Suito, Apt #, etc. Suito, Apt #, etc. City & State 2. City & State 2. City & State 3. Country 3. City & State 3. Country 3. Country 3. Page 1. Country 4. Page 2. Country 4. Pinis corporation has liability for imangible tax under s. 199. Provide States BAYER, NEIL 2. Suito NEIL 2. Suito New Pegistered Agent 4. Fell was a suito Country 4. Pinis corporation has liability for imangible tax under s. 199. Provide States BAYER, NEIL 2. Suito Neil 2. Suito Neil Neil 2. Suito						
2. Maniling Address 2. Maniling Address 3. FEI Number Applied Applied Statuto Statut						
City & State City & Country City & State BAYER, NEIL 2837 SW 27TH AVENUE SUITE 108 MAHI FL 33133 B3 B4 City FL 85 Zip Code B4 City FL 85 Zip Code City & City & Country City & Coun		lace of Business	}···-¬ ~ ~		4. FEI Number	Applied For Not Applicable
City & State City & State	Suite, Apt	#, etc	· ·		5. Certificate of Status Desired	\$8.75 Additional
Zip Country Zip Age 3 30 Finis corporation has liability for Intangible tax under s. 189; 25 No. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name 10, Name and Address of New Registered Agent 10, Name 10, N	City & State	0	City & State			\$5.00 May Be
28		Country		Country		
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B2 Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Numb		g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
SUITE 106 MIAMI FL 33133 B3 City FL B5 City FL B5 Zip Code City Sity FL B5 Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intil BC B1 Zip Change Change City Sity FL B5 Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intil City FL B5 Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intil City FL B5 Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intil City FL B5 Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intil City FL B5 Zip Code Change City Sity FL B5 Zip Code Change City Sity FL B5 Zip Code Addition Change City Sity FL B5 Zip Code Change City Sity	BAY	'ER, NEIL		81 Name		
### City	2937	7 SW 27TH AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
## City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statules, the bove-name corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature precise predictioner of registered agent and Mele ill implicables (NOTE Registered Agent agentum's required when relensating) DATE					· · · · · · · · · · · · · · · · · · ·	
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 regist office or registered agrent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agrent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. SIGNATURE	MIAI	MI FL 33133		83		
11. Pursuant to the provisions of Sociions 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registing period of properties of the provisions of social agent, and accept the obligations of Societon 607 0505, Florida Statutes. SIGNATURE Signate system period providing agent and bild aquisable (NOTE Registered Agent agentation required when reinstalling) DATE				84 City		85 Zip Code
Agent Tarri familiar with, and accept the obligations of, Section 607-DSUS, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE WAME RHOADES, DONALD 233 POINCIANA ISLAND DR 11. STREET ADDRESS CITY. ST. 2IF TITLE MAME STREET ADDRESS CITY. ST. 2IF TITLE MAME	11. Pursuant i	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named corp thorized by the corporal	poration submits this statement for the p	
12. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DELETE 1.1 TITLE 1.3 PRIVATE ADDRESS 233 POINCIANA ISLAND DR 1.3 STREET ADDRESS 2.1 TITLE 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 LETE 1.4 CITY-ST-ZIP 1.5 LETE 1.5 DELETE 1.5 TITLE 1.5 LETE 1.5	agent. La	rn familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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14. I do hereby certify that the information supplied with the image does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual experience in a supplied in true and accurate and that my signature shall have the same legal effect as if made under or I am an off-cer or director of the comportation or the required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if charged, prior a glace from which a address.	14. I do heret informabo I am an o	by certily that the information supplied indicated on this annual epocy of the or poration of the or poration of	ad with the fling dos not qually since the lial and the bort is tru or the receiver optiustee errowe	for the exemption stated ue and accurate and that ared to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further certify that the at effect as if made under oath; that statutes; and that my name