

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S64338** (4)  
 1. Corporation Name  
**INTERACTIVE TELEVISION SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**10800 BISCAYNE BLVD #800 N. MIAMI FL 33161**

3. Date Incorporated or Qualified **07/05/1991** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **65-0411684** 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. 190.032, Florida Statutes  Yes  No  
 10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address  
 21 State, Apt. #, etc. 26 State, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**KAY, MARK ESQ.  
 7000 S.W. 62ND AVENUE, PENTHOUSE B  
 SOUTH MIAMI FL 33143**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 637.0507 and 637.1408, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 637.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: <b>D RHOADES, DONALD</b> STREET ADDRESS: <b>233 POINCIANA ISLAND DR</b> CITY-STATE-ZIP: <b>MIAMI FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied on this filing is true and correct and that I do not qualify for the exemption specified in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is true and correct 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, and that the corporation has been properly organized under the laws of the State of Florida, and that my name appears in Block 12 or Block 13 of this filing as an officer or director of the corporation.

SIGNATURE: *[Signature]* DATE: **1/30/96** **893-9411**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)