

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P94000054703 (1)**

1. Corporation Name  
**TELEVISION PROMOTIONS, INC.**

Principal Place of Business

**5750 MAJOR BLVD  
#150  
ORLANDO FL 32819  
US**

Mailing Address

**5750 MAJOR  
#150  
ORLANDO FL 32819  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1994**

4. FET Number

**59-3263063**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COURTE, LOUIS**

~~**5750 MAJOR BLVD**~~

~~**#150**~~

~~**ORLANDO FL 32819**~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**9058 Harbor Isle Drive**

83

84

**Windermere**

**FL**

85

**34786**

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 reinstating)

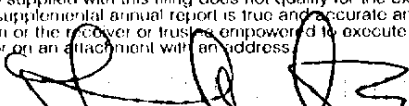
DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>PD</b>                       |
| STREET ADDRESS             | <b>COURTE, LOUIS</b>            |
| CITY-ST-ZIP                | <b>1724 BRIDLEWALK ST</b>       |
|                            | <b>BOCA RATON FL</b>            |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| 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 checked="" 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 incorporator 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.

SIGNATURE:



CR2E034 (10/97)