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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718676

1. Corporation Name
SPECTRUM PROGRAMS, INC.

Principal Place of Business	Mailing Address
18441 NW 2 AVE STE 218 MIAMI FL 33169-4517 US	18441 N.W. SECOND AVENUE SUITE #218 MIAMI FL 33169-4517 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/12/1970
Suite, Apt. #, etc. 22 11031 N.E. 6 Avenue	Suite, Apt. #, etc. 27 11031 N.E. 6 Avenue	4. FEI Number 59-1415981 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33161-7182 25 USA	Zip / Country 29 33161-7182 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYDEN, H BRUCE
18441 N.W. SECOND AVENUE
MIAMI FL 33169

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GAFFIN, HAROLD		1.2 NAME	Hayden, H. Bruce	
STREET ADDRESS	GAFFCO INTERNATIONAL 2500 N MIAMI AVE		1.3 STREET ADDRESS	11031 N.E. 6th Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33161	
TITLE	VCD	☐ DELETE	2.1 TITLE	C	☒ Change ☐ Addition
NAME	PRICE, JEROME		2.2 NAME		
STREET ADDRESS	2121 PONCE DE LEON #1100		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	NATHAN, STEVEN R.		3.2 NAME	Joel Dalva	
STREET ADDRESS	14311 SW 99 CT		3.3 STREET ADDRESS	5200 N.E. 2nd Avenue	
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ERONCIG, JAMES		4.2 NAME		
STREET ADDRESS	1500 SAN REMO AVE 247-B		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	PCD	☒ DELETE	5.1 TITLE	VCD	☐ Change ☒ Addition
NAME	BEILEY, STANLEY		5.2 NAME	Stuart Graver	
STREET ADDRESS	1401 BRICKELL AVE STE 700		5.3 STREET ADDRESS	3900 Island Blvd.	
CITY-ST-ZIP	MIAMI FL 00000		5.4 CITY-ST-ZIP	Adventura, FL 33160	
TITLE	C	☒ DELETE	6.1 TITLE	VCD	☒ Change ☒ Addition
NAME	FREEMAN, GILL E		6.2 NAME	Ralph Egues, Jr.	
STREET ADDRESS	701 BRICKELL AVE STE 1900		6.3 STREET ADDRESS	5751 S.W. 58 Court	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33143	

CR2E037 (11/98)

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Bruce Hayden PRESIDENT H. Bruce Hayden 01/05/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #