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 # 184535

ROSS TELEVISION INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90065 009 ***150.00



Principal Plac	e of Business	Mailing Address		i idatal enast iniet after Beinn biine att	1 210)t 544(1 2151) 4151(4151(4161(100)
2933 CORAL WAY					
MIAMI FL 33145		MIAMI FL 33145		DO NOT WRITE IN THIS SPACE	
	•				THIS SPACE
	•			3. Date Incorporated or Qualifed	ł
		Se Mailling Address		04/14/1955 4. FEI Number	Applied For
2. Principal P	tace of Business	2a. Mailing Address	RAL WAY		Not Applicable
21 293	5 CORAL WAY		MIC WITT	59-0747017	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State			-
City & Stat	· F /	دسكر مدرد والاستا	pains	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
201-0	Country Country	28 //// ///// / C	Country	8. This corporation owes the current ye	
Zip 22 /	· /	1 2011/C 1]	Personal Property Tax.	Yes 🗀 No
24 951	9. Name and Address of Currer			10. Name and Address of New Regist	
	5. Name and Address of Curren	iit vedisteled Agent	81 Name	To reduce the reason of the reason	
FFL	ICIANO, HARRY				
5609 S.W. 98TH WAY			82 Street Addr	ass (P.O. Box Number is Not Acceptable)	eR.
COOPER CITY FL 33328			83	40 0.00 113 15	
000	or en on the doors		83		
			84 City	nag 15-10	E. 85 Zip Code
			000	per City.	FL 33330
11Pursuant	to the provisions of Sections 607:050	02 and 607:1508, Floride Statutes, t of Florida, Such change was autho	the above-named corporation	pration submits this statement for the purpon's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.		
SIGNATURE					· .
	Signature, typed or printed name of registered age		istered Agent signature required		RS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELICIANO, HARRY		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZiP	MIAMI FL 33145		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS		ì	2.3 STREET ADDRESS	,	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>	
TITLE	,	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME		ł	3.2 NAME		,
STREET ADDRESS	1		3.3 STREET ADDRESS		· · · · · ·
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	1-	☐ DELETE	4.1 TITLE		Change Addition
NAME		ļ	4. 2 NAME		
STREET ADDRESS		سا د د استاد برسیه از	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TITLE	*	. Change Addition
NAME	,	- 1	5.2 NAME	•	· ;
		•	5.3 STREET ADDRESS		, i
STREET ADDRESS			5.4 CITY-ST-ZIP		1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	, ,	1			}
CITY-ST-ZIP	1		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 receiver 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, with all other like empowered.

SIGNATURE: