

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0049544

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 NOV -2 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **355392** (2)  
1. Corporation Name  
**BEE TV INC**

Principal Place of Business  
15300 NW 7TH AVE.  
MIAMI FL 33169-6206

Mailing Address  
15300 NW 7TH AVE.  
MIAMI FL 33169-6206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/17/1969</b>	4. FEI Number <b>59-1282318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>10812 N.W. 6th Ct.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>10812 N.W. 6th Ct.</b> Suite, Apt. #, etc.		
22 City & State 23 <b>MIAMI FL</b>	27 City & State 28 <b>MIAMI FL</b>		
24 Zip <b>33168</b>	25 Country <b>DADE</b>	29 Zip <b>33168</b>	30 Country <b>DADE</b>

9. Name and Address of Current Registered Agent

**BESLEY, RANDY**  
15300 NW 7 AVENUE  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name <b>Roberto Roa</b>	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City <b>MIAMI</b>	85 Zip Code <b>33168</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BESLEY, RANDY</b>		1.2 NAME <b>Roberto E. Roa</b>	
STREET ADDRESS <b>15300 NW 7 AVENUE</b>		1.3 STREET ADDRESS <b>1441 SW 104 AVE</b>	
CITY-STATE-ZIP <b>MIAMI FL</b>		1.4 CITY-STATE-ZIP <b>Pembroke Pines, FL 33025</b>	
TITLE <b>VPS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BESLEY, CINDY S.</b>		2.2 NAME	
STREET ADDRESS <b>15300 NW 7 AVENUE</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>MIAMI FL</b>		2.4 CITY-STATE-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BESLEY, SCOTT A.</b>		3.2 NAME	
STREET ADDRESS <b>15300 NW 7 AVENUE</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>MIAMI FL</b>		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

10-2-98 305 758 717

CR2E034 (5/98)