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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 455424

(2)

A & M TELEVISION, INC.

FILED	)
Apr 08 1997	8:00am
Secretary of	f State



Principal Place of Business Mailing Address									
6300 PARK BLVD. 6300 PARK BLVD.									
PINELLAS PARK FL 34665		PINELLAS PARI		18					
					Date Incorporated or Qualified     06/26/1974	3a. Date of Last Report 03/19/1996			
2. Principal Place of Business 21 Suite, Apt #, etc 22			28. Mailing Address 28 Suite, Apt. #, etc.			4. FEI Number 59-1535849		Applied For Not Applicable	
						5. Certificate of Status Desired	<b>\$8.75</b>	¢0.75 A	
City & Sta	ato	City & Sta	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip		Country	••	8. This corporation has liability for	~=v <del></del>		
4	25	29	3	0		Florida Statutes	Yes No		
	9. Name and Address of C	urrent Registered Ager	nt			10. Name and Address of New R	egistered Agent		
	tson, John E.			81	Name				
5863 FIRST AVENUE SOUTH			82	Street	Idress (P.O. Box Number is Not Acceptable)				
ST.	PETERSBURG FL			-					
				63					
				84	City		FL 85 Zi	p Code	
44 0	At the second continue of	7 0500 and 607 1600 FI	orida Ctatutos	the about		corporation submits this statement for the		v ita saniatasa	
office or agent. I	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such ch obligations of, Section 6	nange was aut 07.0505, Florid	thorized by da Statuter	the cor	poration's board of directors. I hereby acce	pt the appointment	as registered	
SIGNATURE	Signifiare, type dior printed name of registe	a declaract and the fragments	(NOTE E	tonistered & or	of signalian	e required when reinstating)	DATE		
12.		IS AND DIRECTORS	(10101	13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12	
TITLE	PD		DELETE	1.1 TITLE			Chang	e Additio	
NAME	MEIGGS, J.E.			1.2 NAME		[			
STREET ADORESS	40000 00 4145 41			1.3 STREET	ADDRESS				
CHY-ST-7-P	SEMINOLE FL			1,4 CiTY+S	T-ZIP				
TILLE			DELETE	2.1 TITLE			☐ Chang	e 🔲 Additi	
NAME				22 NAME		ĺ			
STREET ACORESS	, [			23 STREET	ADDRESS				
CHY S1-7IP			,	2.4 CITY -	T-ZIP				
TIT.E			DELETE	3.1 TITLE		1	Chang	e 🔲 Addilio	
NAME				3.2 NAME					
STREET ADDRESS	5			3.3 STAEET	ADDRESS				
Crty - St - ZiP				3.4. CITY-	T-ZIP				
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NAME				4. 2 NAME					
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T(T) E	1	ليا	DELETE	5.1 TITLE		}	Chang	e L Additio	
NAME				5.2 NAME					
STREET ADDRESS	5			5.3 STREET					
City-St-7P			DELETÉ	5.4 DITY - S	T-ZIP		T Cross	a Addition	
THU			DELETE	61 TITLE			Change	e [] Additio	
NAMC				62 NAME					
STREET ADDRESS				6.3 STREET					
CiTY - ST - 7IP	J			6.4 CITY - 5	T-ZIP				

14. I do 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:

IGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4-1-97 Date 813 - 544 - 8663