

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548918 (2)

1. Corporation Name

TV PROGRAMS, INC.

Principal Place of Business

767 S. STATE RD 7
SUITE 1
CORAL SPRINGS FL 33071-6083

Mailing Address

767 S. STATE RD 7
SUITE 1
CORAL SPRINGS FL 33071-6083



2. Principal Place of Business

2a. Mailing Address

21 767 S. STATE RD. 7

26 SAME

22 SUITE 1

27

23 MARGATE FL

28

24 33068-2022 25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/10/1977

3a. Date of Last Report

06/29/1995

4. FLE Number

59-1785806

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

LUSTIG, HARVEY
11614 NW 19 DR.
CORAL SPRINGS FL 33071

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 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the familiar with and accept the obligations of Sections 607.01(2) and 607.1508, Florida Statutes.

SIGNATURE

Harvey Lustig President

2-21-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO

OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
2. NAME	LUSTIG, HARVEY	
3. STREET ADDRESS	11614 NW 19 DR.	
4. CITY, ST, ZIP	CORAL SPRINGS FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

☐ Change ☐ Addition
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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2), 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 60, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

9.07(3)(k), 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 60, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Harvey Lustig President
HARVEY LUSTIG

2-21-96

84-977-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE NO. FILED

CR2E034 (12/95)