

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **624807** (4)

1. Corporation Name  
**ROBERTS TELEVISION INTERNATIONAL, INC.**



Principal Place of Business: **4170 S. DECATUR BLVD., SUITE C-7 LAS VEGAS NV 89103-2863**  
Mailing Address: **4170 S. DECATUR BLVD., SUITE C-7 LAS VEGAS NV 89103-2863**

3. Date Incorporated or Qualified: **07/17/1979**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-1921172**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **4175 Cameron Street**  
2a. Mailing Address: **4175 Cameron Street**  
22. Suite, Apt. #, etc.: **Suite B-10**  
27. Suite, Apt. #, etc.: **Suite B-10**  
23. City & State: **Las Vegas, NV**  
28. City & State: **Las Vegas, NV**  
24. Zip: **89103** 25. Country: **USA**  
29. Zip: **89103** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **ROBERTS, THOMAS M. 15310 CANONGATE DR. FT. MYERS FL 33912**  
10. Name and Address of New Registered Agent: **FL** 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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: \_\_\_\_\_ (Signature of registered agent or authorized officer) (2011 - Registered Agent signature required when ministerial) (GAIL)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PTC</b>	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>ROBERTS, THOMAS M.</b>		1.2 NAME: _____	
STREET ADDRESS: <b>15310 CANONGATE DRIVE</b>		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>FT. MYERS FL</b>		1.4 CITY-STATE-ZIP: _____	Zip Code <b>33912</b>
TITLE: <b>VSM</b>	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>ROBERTS, TODD J.</b>		2.2 NAME: _____	
STREET ADDRESS: <b>8205 TURTLE CREEK CIRLE</b>		2.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>LAS VEGAS NV</b>		2.4 CITY-STATE-ZIP: _____	Zip Code <b>89113</b>
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Todd J. Roberts** 3/7/96 (702) 365-1875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation Title #

CR2E034 (12/95)