

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

91 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653079 (4)

1. Corporation Name

**NATIONAL SUBSCRIPTION TELEVISION OF FT. LAUDERDA
LE INC.**

Principal Place of Business

**C/O OAK INDUSTRIES INC
1000 WINTER STREET
WALTHAM MA 02154**

Mailing Address

**C/O OAK INDUSTRIES INC
1000 WINTER STREET
WALTHAM MA 02154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1980

3a. Date of Last Report

07/07/1994

4. FBI Number

95-3448337

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. 190.04,
Florida Statute. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.054, 607.055, and 607.1508, Florida Statute, 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 607.054(3), Florida Statute.

SIGNATURE

Signature of Registered Agent (Required for all changes except change of name)

Signature of Registered Agent (Required for all changes except change of name)

1995

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, if any

14.

**PSD
HALAS, PAUL J.
1000 WINTER STREET
WALTHAM MA**

15.

☐ Change ☐ Addition

16.

**VDT
GOSS, MICHAEL F.
1000 WINTER STREET
WALTHAM MA**

17.

☐ Change ☒ Addition

18.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

19.

☐ Change ☐ Addition

20.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

21.

☐ Change ☐ Addition

22.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

23.

☐ Change ☐ Addition

24.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

25.

☐ Change ☐ Addition

26.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

27.

☐ Change ☐ Addition

28.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

29.

☐ Change ☐ Addition

30.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

31.

☐ Change ☐ Addition

32.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

33.

☐ Change ☐ Addition

34.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

35.

☐ Change ☐ Addition

36.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

37.

☐ Change ☐ Addition

38.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

39.

☐ Change ☐ Addition

40.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

41.

☐ Change ☐ Addition

42.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

43.

☐ Change ☐ Addition

44.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

45.

☐ Change ☐ Addition

46.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

47.

☐ Change ☐ Addition

48.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

49.

☐ Change ☐ Addition

50.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

51.

☐ Change ☐ Addition

52.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

53.

☐ Change ☐ Addition

54.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

55.

☐ Change ☐ Addition

56.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

57.

☐ Change ☐ Addition

58.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

59.

☐ Change ☐ Addition

60.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

61.

☐ Change ☐ Addition

62.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

63.

☐ Change ☐ Addition

64.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

65.

☐ Change ☐ Addition

66.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

67.

☐ Change ☐ Addition

68.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

69.

☐ Change ☐ Addition

70.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

71.

☐ Change ☐ Addition

72.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

73.

☐ Change ☐ Addition

74.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

75.

☐ Change ☐ Addition

76.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

77.

☐ Change ☐ Addition

78.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

79.

☐ Change ☐ Addition

80.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

81.

☐ Change ☐ Addition

82.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

83.

☐ Change ☐ Addition

84.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

85.

☐ Change ☐ Addition

86.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

87.

☐ Change ☐ Addition

88.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

89.

☐ Change ☐ Addition

90.

**VD
WEAVER, WILLIAM C.
1000 WINTER STREET
WALTHAM MA**

91.

☐ Change ☐ Addition

SIGNATURE:

[Signature]

Thomas J. Sheahan

PRINT AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(617) 840-6400

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

APPROVED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SANTA B. MARSHALL
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 656745

(7)

ASPEN ASSOCIATES, INC.

Office of the Secretary of State

Office of the Secretary of State

**1230 DOUGLAS AVE.
SUITE 220
LONGWOOD FL 32779
US**

**1230 DOUGLAS AVE.
SUITE 220
LONGWOOD FL 32779
US**

DATE WHEN FILED IN THIS SPACE

3. Date of Incorporation (or Reorganization)

3a. Date of Last Report

02/21/1980

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-1977504

Not Applicable

State Agent Name

State Agent Name

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for changeable for under 1994/95
Florida Statute: ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SIEGEL, GARY
292 U.S. HIGHWAY 17-92
FERN PARK FL 32730**

81 Name

82 Street Address (if O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(6), Florida Statute, this 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 607.06(5), Florida Statute.

SIGNATURE

Signature of Registered Agent (if not the same as the Registered Agent)

Signature of Now Registered Agent (if not the same as the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	PD OTTO, RICHARD L 1009 SWEETWATER BLVD S LONGWOOD, FL 00000
12.2	SD OTTO, BARBARA 1009 SWEETWATER BLVD S LONGWOOD, FL 00000
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	

13.1	1. NAME	☐ Change ☐ Addition
13.2	2. STREET ADDRESS	
13.3	3. CITY, STATE, ZIP	
13.4	4. NAME	☐ Change ☐ Addition
13.5	5. STREET ADDRESS	
13.6	6. CITY, STATE, ZIP	
13.7	7. NAME	☐ Change ☐ Addition
13.8	8. STREET ADDRESS	
13.9	9. CITY, STATE, ZIP	
13.10	10. NAME	☐ Change ☐ Addition
13.11	11. STREET ADDRESS	
13.12	12. CITY, STATE, ZIP	
13.13	13. NAME	☐ Change ☐ Addition
13.14	14. STREET ADDRESS	
13.15	15. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.06(1), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept on file and made available to any officer or director of the corporation or the receiver or trustee appointed to examine this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of the report or on an other document with an address.

SIGNATURE:

Barbara J. Otto

BARBARA J. OTTO 5-1-95

407 774-5700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE