SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:23

DOCUMENT # 770616 (1)

1. Corporation Name
JEWISH FAMILY TELEVISION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1995 NE 150 ST STE A N MIAMI FL 33181 US	1995 NE 150TH ST SUITE A N MIAMI FL 33181 US

3. Date Incorporated or Qualified: 10/06/1983
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2346434 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LASKY, SUZANNE
1995 NE 150TH ST
STE A
N MIAMI FL 33181

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D P	☐ Change ☐ Addition
NAME	ADLER, BERNYCE	12 NAME	SUZANNE LASKY	
STREET ADDRESS	3 GROVE ISLE DRIVE	13 STREET ADDRESS	9000 TOWERSIDE TERRACE	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	MIAMI, FL 33191	
TITLE	D	21 TITLE	D	☐ Change ☑ Addition
NAME	ASHER, JAMES	22 NAME	ELLEN GACHE	
STREET ADDRESS	2333 BRICKELL AVENUE #2402	23 STREET ADDRESS	3501 KEISER AVE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	31 TITLE	D V	☑ Change ☑ Addition
NAME	BASSUK, ARNIE	32 NAME	LEE JENNINGS PLEASE REMOVE	
STREET ADDRESS	4000 ISLAND BLVD., SUITE 1603	33 STREET ADDRESS	2658 NE 135 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	34 CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	HALPRYN, HARRIET	42 NAME	REMOVE PLEASE	
STREET ADDRESS	7935 BISCAYNE POINT CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	HOWARD, ROBERT D	52 NAME	REMOVE PLEASE	
STREET ADDRESS	141 ARAGON AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☑ Addition
NAME	JENNINGS, LEE	62 NAME		
STREET ADDRESS	2658 NE 135TH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	64 CITY-ST-ZIP	ZIP- 33181	

CR2E037 (3/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Lasky 6/7/95 305-948-5388
SIGNATURE AND TYPED OR PRINTED NAME OF FOLLOWING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000422