2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F58832

City-St-Zip:

Entity Name: MIKLEN TELEVISION, INC.

FILED Jan 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O SCHWARTZ 1000 QUAYSIDE TERRACE SUITE 305 MIAMI, FL 33138 **New Mailing Address: Current Mailing Address:** C/O SHWARTZ P O BOX 6375 BAL HARBOUR, FL 33154 US FEI Number: 59-2749186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, LEONARD 1000 QUAYSIDE TERRACE SUITE 305 BAL HARBOUR, FL 33154 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SCHWARTZ, LEONARD, SCHWARTZ, LEONARD, Name: Name: 1000 QUAYSIDE TERRACE SUITE 305 Address: 1000 QUAYSIDE TERRACE SUITE 305 Address: City-St-Zip: BAL HARBOUR, FL City-St-Zip: BAL HARBOUR, FL 33138 Title: Title: () Change () Addition () Delete SHEPPARD, ARTHUR N., Name: Name: 407 LINCOLN ROAD #708 Address: Address: MIAMI, FL 33139 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: BECKER, ADRIENNE S Name: 11309 DONA LOLA DRIVE Address Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

STUDIO CITY, CA 91604

SIGNATURE: LEONARD H SCHWARTZ P 01/15/2002