FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004069 (1)

1. Corporation Name
TV R INC.

Principal Place of Business	Mailing Address
2301 S.E. 17TH STREET CAUSEWAY FT. LAUDERDALE FL 33316	5725 PARADISE DR STE 450 CORTE MADERA CA 94925 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip 94925 (29) Country (30)

4. FEI Number: 94-2723310 ☐ 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

9. Name and Address of Current Registered Agent

BREHIER, BERNARD
2301 S.E. 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: SEXTON, EDWARD
82 Street Address (P.O. Box Number is Not Acceptable): 2301 S.E. 17TH ST CAUSEWAY
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33316

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: Edward Sexton 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/delivered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, ROBERT A	12 NAME	
STREET ADDRESS	5725 PARADISE DRIVE, SUITE 450	13 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA 94925	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	AMINIFARD, MOHSEN	22 NAME	
STREET ADDRESS	5725 PARADISE DRIVE, SUITE 450	23 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BENSON, JAMES H	32 NAME	
STREET ADDRESS	5725 PARADISE DRIVE, SUITE 450	33 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	MULHOLLAND, ROGER R	42 NAME	
STREET ADDRESS	1120 NYE STREET, SUITE 300	43 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA 94901	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	DAVIS, RONALD B	52 NAME	
STREET ADDRESS	5725 PARADISE DRIVE, SUITE 450	53 STREET ADDRESS	
CITY-ST-ZIP	CORTE MADERA CA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	V BURNS, JOHN S
STREET ADDRESS		63 STREET ADDRESS	5725 PARADISE DR, STE 450
CITY-ST-ZIP		64 CITY-ST-ZIP	CORTE MADERA, CA 94925

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

SIGNATURE: [signature] VP
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

4.27.95 (415) 924-6600
Date Daytime Phone #

0441020 VP