

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90114 026 ***150.00

DOCUMENT # **F93000004069**

1. Corporation Name
TV R INC.

Principal Place of Business
**2301 S.E. 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316**

Mailing Address
**5725 PARADISE DR
STE 450
CORTE MADERA CA 94925
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

PAID

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND RD
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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** ☐ DELETE
NAME **FREEMAN, ROBERT A**
STREET ADDRESS **5725 PARADISE DRIVE, SUITE 450**
CITY-ST-ZIP **CORTE MADERA CA 94925**

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **FREEMAN, ROBERT A**
1.3 STREET ADDRESS **5725 PARADISE DR., Ste 450**
1.4 CITY-ST-ZIP **CORTE MADERA, CA. 94925**

TITLE **VD** ☐ DELETE
NAME **AMINIFARD, MOHSEN**
STREET ADDRESS **5725 PARADISE DRIVE, SUITE 450**
CITY-ST-ZIP **CORTE MADERA CA**

2.1 TITLE **P/D** ☐ Change ☒ Addition
2.2 NAME **OUF, HAZEM**
2.3 STREET ADDRESS **5725 PARADISE DR., Ste 450**
2.4 CITY-ST-ZIP **CORTE MADERA, CA. 94925**

TITLE **VD** ☐ DELETE
NAME **BENSON, JAMES H**
STREET ADDRESS **5725 PARADISE DRIVE, SUITE 450**
CITY-ST-ZIP **CORTE MADERA CA**

3.1 TITLE **V/T/S** ☐ Change ☒ Addition
3.2 NAME **GHUZZI, JOHN G.**
3.3 STREET ADDRESS **5725 PARADISE DR., Ste 450**
3.4 CITY-ST-ZIP **CORTE MADERA, CA. 94925**

TITLE **V** ☐ DELETE
NAME **BOHAN, TIMOTHY**
STREET ADDRESS **1006 GREEN OAK DR #24**
CITY-ST-ZIP **NOVATO CA 94947**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VT** ☒ DELETE
NAME **DAVIS, RONALD B**
STREET ADDRESS **5725 PARADISE DRIVE, SUITE 450**
CITY-ST-ZIP **CORTE MADERA CA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **BURNS, JOHN S**
STREET ADDRESS **5725 PARADISE DR SUITE 450**
CITY-ST-ZIP **CORTE MADERA CA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

415-924-6600

Daytime Phone #

CR2E034 (11/98)