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 APR 26 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005471 (7)**

1. Corporation Name
VJN LPTV CORP.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD., #600 MIAMI FL 33181	12000 BISCAYNE BLVD., #600 MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 1221 Collins Ave.
2a. Mailing Address — 26: 1221 Collins Ave.
4. FEI Number: 65-0503186 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: Miami Beach, FL
City & State — 28: Miami Beach, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: 33139 — County — 25:
Zip — 29: 33139 — County — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, LUANN M
12000 BISCAYNE BLVD., #600
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1221 Collins Ave.
84 City: Miami Beach — FL — 85 Zip Code: 33139

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: Luann M. Simpson - CFO — Luann M Simpson — 4/12/95
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	C	11 TITLE	D	☒ Change ☐ Addition
NAME	LENFEST, GERRY	12 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD., #600	13 STREET ADDRESS	1221 Collins Ave.	
CITY-ST-ZIP	MIAMI FL 33181	14 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	CEO	21 TITLE		☒ Change ☐ Addition
NAME	MCGLADE, ALAN	22 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD., #600	23 STREET ADDRESS	1221 Collins Ave.	
CITY-ST-ZIP	MIAMI FL 33181	24 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	MICHAELS, J P JR	32 NAME	D	
STREET ADDRESS	12000 BISCAYNE BLVD., #600	33 STREET ADDRESS	1221 Collins	
CITY-ST-ZIP	MIAMI FL 33181	34 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	SOKOLOW, LEONARD J	42 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD., #600	43 STREET ADDRESS	1221 Collins Ave.	
CITY-ST-ZIP	MIAMI FL 33181	44 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	RUDICH, JOEL S	52 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD., #600	53 STREET ADDRESS	1221 Collins Ave.	
CITY-ST-ZIP	MIAMI FL 33181	54 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	61 TITLE	CFO	☒ Change ☐ Addition
NAME	HAIMOVITZ, JULES	62 NAME	Luann M. Simpson	
STREET ADDRESS	12000 BISCAYNE BLVD., #600	63 STREET ADDRESS	1221 Collins Ave.	
CITY-ST-ZIP	MIAMI FL 33181	64 CITY-ST-ZIP	Miami Beach, FL 33139	

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: Luann M. Simpson - CFO — Luann M Simpson — 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date

(305) 674-5000
Daytime Telephone Number

0100116 CP