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Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90138 022 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F94000005471

1. Corporation Name  
VJN LPTV CORP.

Principal Place of Business  
1221 COLLINS AVE  
MIAMI BEACH FL 33139  
US

Mailing Address  
1221 COLLINS AVE  
MIAMI BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0503186

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOFFMAN, LUANN M  
1221 COLLINS AVE.  
MIAMI BEACH FL 33139

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 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

TITLE D ☐ DELETE

NAME KOFF, DAVID B  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE CEO ☐ DELETE

NAME MCGLADE, ALAN  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME BENNETT, ROBERT R  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME FISHER, DONNE F  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME SPARKMAN, J C  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE COO ☐ DELETE

NAME HOFFMAN, LUANN M  
STREET ADDRESS 1221 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: Luann M. Hoffman Luann M. Hoffman COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date,

Daytime Phone #

305-674-5000

CR2E034 (11/98)