SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000001985 (9)**

1. Corporation Name
TVMAX TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
345 N. MAPLE DRIVE, SUITE 285 BEVERLY HILLS CA 90210	345 N. MAPLE DRIVE, SUITE 285 BEVERLY HILLS CA 90210

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 1111 W. Mockingbird Ln,
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1000
City & State 23	City & State 28 Dallas, Texas
Zip 24 / Country 25	Zip 29 75247 / Country 30

4. FEI Number: 95-4498704 ☐ 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	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BRUNEL, LOUIS		12 NAME	Louis Brunel	
STREET ADDRESS	300 AVENUE VIGAR E., MONTREAL, QUEBEC		13 STREET ADDRESS	1111 West Mockingbird Lane, Ste. 1000	
CITY-ST-ZIP	H2X 3W4 CANADA		14 CITY-ST-ZIP	Dallas, Texas 75247	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GOUIN, SERGE		22 NAME		
STREET ADDRESS	300 AVENUE VIGAR E., MONTREAL, QUEBEC		23 STREET ADDRESS		
CITY-ST-ZIP	H2X 3W4 CANADA		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PORTER, BARRY		32 NAME		
STREET ADDRESS	150 EL CAMINO DRIVE, SUITE 204		33 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90212		34 CITY-ST-ZIP		
TITLE	COB	☒ DELETE	41 TITLE	T	☐ Change ☒ Addition
NAME	KOFALT, JAMES		42 NAME	Julian Riches	
STREET ADDRESS	290 SOUTHDOWN ROAD		43 STREET ADDRESS	1111 West Mockingbird Lane, Ste. 1000	
CITY-ST-ZIP	LLOYD HARBOR NY 11743		44 CITY-ST-ZIP	Dallas, Texas 75247	
TITLE	CEO	☒ DELETE	51 TITLE	COO	☐ Change ☒ Addition
NAME	SHEA, CHERRILL E		52 NAME	Rory Cole	
STREET ADDRESS	345 N. MAPLE DRIVE, STE. 285		53 STREET ADDRESS	1111 West Mockingbird Lane, Ste. 1000	
CITY-ST-ZIP	BEVERLY HILLS CA 90210		54 CITY-ST-ZIP	Dallas, Texas 75247	
TITLE	P	☒ DELETE	61 TITLE	VP	☐ Change ☒ Addition
NAME	LLOYD, JONATHAN D		62 NAME	Harry Nicholls	
STREET ADDRESS	345 N. MAPLE DRIVE, STE. 285		63 STREET ADDRESS	1111 West Mockingbird Lane, Ste. 1000	
CITY-ST-ZIP	BEVERLY HILLS CA 90210		64 CITY-ST-ZIP	Dallas, Texas 75247	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-2-96 (214) 634-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #