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PROFIT CORPORATION ANNUAL REPORT



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

1996

G22972

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OCUN . Corporation I	MENI# GZZ974 Name	2 (၁)						
	LPTV, INC.					a ab ah a ha h ah	 	II BLBH E	
Principal Place o	of Business	Mailing Address							
C/O JOSEPH		C/O KANTER COR							
MIAMI FL 331	NE BLVD #504 37	4700 ASHWOOD E CINCINNATI OH 45							
MINAN TE OUT	or	US	,,,		3. Date Incorporated or 0 02/09/1983	Qualified	3a. Date of L 05/0	ast Re 1/199	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			I A	pplied For
l		26			59-2267848		_ ·· ·· · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status De	esired [□ \$		Additional equired
City & State		City & State			Election Campaign Finance Trust Fund Contribution	-			May Be to Fees
Zip	Country	Zip	Co	untry	8. This corporation has lia				
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	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Reg	letered Age	nt	
				81 Name					
	, JOSEPH H.			82 Street Addr	ress (P.O. Box Number is Not	Acceptable)			
	SCAYNE BLVD #504			83					
MIAMI F	L 33137			63					
				84 City			FL 8	5 Zip	Code
11 Pursuant to	the provisions of Sections 607,0502 a	and 607.1508. Florida St	atutes, the ab	ove-named corpor	ration submits this statement f	or the purpo	se of changin	ng its re	gistered office
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Sectio	a. Such change was auth	vorized by the	ove-named corpor corporation's boa	oration submits this statement for and of directors. I hereby accep	or the purpo t the appoin	se of changin	ng its re istered	gistered office agent. I am
or registere familiar with SIGNATURE	ad agent, or both, in the State of Florida h, and accept the obligations of, Sectio	a. Such change was auth in 607.0505, Florida Stat	orized by the utes.	corporation's boa	ard of directors. I hereby accep	or the purpo t the appoin	se of changin	ng its re istered	gistered office agent. I am
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4. I do hereby cortify 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. Furrier 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

305-574-4311

Daytime Phone I