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 # H75052 (1)

1. Corporation Name
VIDEO JUKEBOX NETWORK, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD. MIAMI FL 33181-2742	12000 BISCAYNE BLVD. MIAMI FL 33181-2742

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1985
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 *1221 Collins Ave.*
22 Suite, Apt. #, etc.
23 City & State: *Miami Beach, FL*
24 Zip: *33139* 25 Country

2a. Mailing Address
26 *1221 Collins Ave.*
27 Suite, Apt. #, etc.
28 City & State: *Miami Beach, FL*
29 Zip: *33139* 30 Country

4. FEI Number: 59-2605267 ☐ 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

WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVE., SUITE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **WLMC REGISTERED AGENTS, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **701 BRICKELL AVE., SUITE 2000**
83
84 City: **MIAMI FL** **FL** 85 Zip Code: **33131**

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: *Gale Rholand, a director of WLMC Registered Agents, Inc.* 4/17/95
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	P	1.1 TITLE	*P/D*	☒ Change ☐ Addition
NAME	HAIMOVITZ, JULES	1.2 NAME	*Alan McGlade*	
STREET ADDRESS	12711 VENTURA BLVD	1.3 STREET ADDRESS	*1221 Collins Ave.*	
CITY-ST-ZIP	STUDIO CITY CA	1.4 CITY-ST-ZIP	*Miami Beach, FL 33139*	
TITLE	VPD	2.1 TITLE	*EVP*	☒ Change ☐ Addition
NAME	FURFARO, JOE	2.2 NAME	*Les Garland*	
STREET ADDRESS	41 WEST PUTNAM AVE	2.3 STREET ADDRESS	*1221 Collins Ave.*	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	*Miami Beach, FL 33139*	
TITLE	CFO	3.1 TITLE		☒ Change ☐ Addition
NAME	SIMPSON, LUANN M.	3.2 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD.	3.3 STREET ADDRESS	*1221 Collins Ave.*	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	*Miami Beach, FL 33139*	
TITLE	PCOB	4.1 TITLE	*D*	☒ Change ☐ Addition
NAME	LENFEST, H. F "GERRY"	4.2 NAME		
STREET ADDRESS	202 SHOEMAKER RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	POTTSTOWN PA	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	*VP*	☒ Change ☐ Addition
NAME	FLINT, PETER A.	5.2 NAME	*Paul Sartain*	
STREET ADDRESS	12000 BISCAYNE BLVD.	5.3 STREET ADDRESS	*1221 Collins Ave.*	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	*Miami Beach, FL 33139*	
TITLE	CCEO	6.1 TITLE	*D*	☒ Change ☐ Addition
NAME	MICHAELS, PATRICK J JR.	6.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD, S-3300	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

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* *Luann M Simpson* 4/12/95 (305) 674-5000
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0100171 CP