FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # **H75052** **(1)**

1. Corporation Name

VIDEO JUKEBOX NETWORK, INC.

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

Mailing Address
1221 COLLINS AVE
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified: 09/10/1985
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2605267 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired [X] — **$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.
701 BRICKELL AVE SUITE 2000
MIAMI FL 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ALAN MCGLADE	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	EVP	[ ] DELETE
NAME	LES GARLAND	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	CFO	[ ] DELETE
NAME	SIMPSON, LUANN M.	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	[ ] DELETE
NAME	LENFEST, H. F "GERRY"	
STREET ADDRESS	202 SHOEMAKER RD	
CITY-ST-ZIP	POTTSTOWN PA	
TITLE	VP	[ ] DELETE
NAME	PAUL SARTAIN	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	[ ] DELETE
NAME	MICHAELS, PATRICK J JR.	
STREET ADDRESS	101 E KENNEDY BLVD, S-3300	
CITY-ST-ZIP	TAMPA 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		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CFO	[X] Change [ ] Addition
3.2 NAME	Hoffman, Luann M.	
3.3 STREET ADDRESS	1221 Collins Ave.	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 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 Hoffman — Luann M. Hoffman - CFO — 1/17/96 — 305-674-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)