FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K04054

TELEVISION BROADCAST CONSULTANTS, INC.

FILED Mar 02 1998 8:00am Secretary of State

Principal Plac	e of Business	М	ailing Address]	612	61411 618 11 (64)	
1700 NORTH DIXIE HWY 1700 NORTH DIXIE HWY STE: #151 STE: #151								DO NOT HIDITE IN	THE PROF		
BOCA RATON FL 33432-1850 BOCA RATON FL 33432-1850 US US					D			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
**		U						11/30/1987			
2. Principal P	lace of Business	2a.	. Mailing Address					4. FEI Number	····	Applied For	
21		26	¬					59-2860242	<u> </u>	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, otc.				_	¬ \$8.7	5 Additional		
22 Suite #109		27	Suite #109					5. Certificate of Status Desired L		Required	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees		
Zip	Country	1	Ζφ	Co	untry	/		8. This corporation owes or has paid	the current year	r Intangible	
24	25	29		30				Personal Property Tax due June 30		□ No	
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
SIMMONS ROBERT L					81	Name					
1700 NORTH DIXIE HIGHWAY SUITE 151					82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		······································	
BOCA RATON FL 33432									<u>uite 109</u>)	
					83						
					84	City			85 2	Zip Code	
44-5					<u>Ļ</u>				1-L	·	
office or n	to the provisions of Soctions 607.0503 egistered agent, or both, in the State	of Florid	07.1508, Fiorida Statul da. Such change was	tes, the a authorize	abovi	e-named v the cor	poratio	oration submits this statement for the purp on's board of directors. I hereby accept the	oose of changir he appointment	ng Its registered t as registered	
agent. I a	m familiar with, and accept the obliga	tions o	f, Section 607.0505, FI	lorida Sta	tute	s.	•				
SIGNATURE	Signature, typed or printed harne of registered age		4								
12.	Officers AND			13.		ent signaturi	e required	d when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE SS AND DIRECT	TORS IN 12	
TITLE	PST	w	DELETE		ITLE		T	ADDITIONO (OF INITIALS TO OFF TOET	☐ Chan		
NAME	SIMMONS, ROBERT L.			1.2 #	NAME					• —	
STREET ADDRESS	1700 N. DIXIE HWYM #151					ADDRESS	170	00 N. Dixie Hwy, #109			
CITY-ST-ZIP	BOCA RATON FL					ST-ZIP	1	ca Raton, FL 33432			
TITLE			DELETE	2.1 1			1200		Chan	ge Addition	
NAME				2.21	3MA						
STREET ADDRESS				2.3 5	STREET	ADDRESS					
CITY-ST-ZIP				2.4	CITY-:	SY-ZIP	l				
TITLE			☐ DELETE	3.11	ITLE				Chan	ge Addition	
NAME				3.2 1	AME		-				
STREET ADDRESS				3.3 5	STREET	ADDRESS					
CITY-ST-ZIP			·			ST-ZIP	↓				
TITLE			☐ DELETE	4.11					Chan	ge Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS		ı			
CITY-ST-ZIP		_ _	T figural		ITY-S	T-ZIP	├		[] 01	- Lagren	
TITLE			☐ DELETE	5.11					☐ Chan	ge Addition	
NAME AVECT ADDRESS					IAME		1		•		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE	***************************************		DELETE		ITY - S	T-ZIP	 		☐ Chan	ge Addition	
			€ Detere	6.11			İ		Unan	he T"1 vocinou	
NAME DEDECT ADDRESS				1	IAME						
STREET ADDRESS				6.3 5	FREEI	ADDRESS					

14. Thereby 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 compression or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chartys II. prof an attactment with an address

SIGNATURE:

Robert L. Simmons

561 362-8888