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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K04054

TELEVISION BROADCAST CONSULTANTS, INC.

							.			
Principal Place	e of Business	Mailing A	ddress							
1700 NORTH DI 109	IXIE HWY	1700 NOR 109	1700 NORTH DIXIE HWY 109							
BOCA RATON F	FL 33432-1850	BOCA RAT	BOCA RATON FL 33432-1850			į	DO NOT WRITE IN THIS SPACE			
US		U\$	US			3. Date Incorporated or Qualifed				
							11/30/1987			
2. Principal Pl	lace of Business	2a. Mailin	g Address				4. FEI Number			Applied For
21		26					59-2860242			Not Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				- Cadificate of Status Desired		\$8.75	Additional
22		27	A				5. Certifcate of Status Desired		Fee	Required
City & State	e		City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip		Соип	try		8. This corporation owes the curr	ent year Inta	ngible	_
24	25 29			30			Personal Property Tax. Yes No			
	9. Name and Address of	Current Registered		<u> </u>			10. Name and Address of New F	Registered A	gent	
					81	Name				
SIMN	MONS ROBERT L			ļ.	82	Ctat Address	o /B.O. Boy Number is Not Assents	th(a)	-	
1700	N DIXIE HWY					Street Addres	s (P.O. Box Number is Not Accepta	ibie)		\
STE	109									
BOC	A RATON FL 33432			L	\perp				71	
	•			1	84	City		FL	85 Zi	p Code
44 Dumayant	to the provisions of Costions (207 0502 and 607 150	R Elorida Statute	s the ab	000	-named comor	ation submits this statement for the	numnse of o	hanging	its registered
l office or re	egistered agent or both in th	e State of Florida, Suc	h chande was au	tnonzea	กง เ	ne corporation	's board of directors. I hereby accept	ot the appoin	tment as	registered
agent. I as	m familiar with, and accept the	e obligations of, Sectio	n 607.0505, Flori	da Statut	tes.					
SIGNATURE				S				DATE		
40	Signature, typed or printed name of regis	ERS AND DIRECTORS		13.	- gent	signature required w	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
12.	PST	EKS AND DIRECTOR	DELETE	1.1 TITE	F		ADDITIONAL DIVINGED TO CI	· rozito · · · ·	Chang	
	SIMMONS, ROBERT L.			1.2 NAA						_
NAME	I SIMIMONO, RODENI L.			1.2 1000	nE.					
STREET ADDRESS	•			40.070						
	1700 DIXIE HWY #109			1.3 STR						
CITY-ST-ZIP	•	<u> </u>	□ DELETE	1,4 CITY	Y-ST-				☐ Chanc	e 🗀 Addition
CITY-ST-ZIP	1700 DIXIE HWY #109	!	☐ DELETE	1,4 CITY 2.1 TITL	Y-ST- E				Chang	e
CITY-ST-ZIP	1700 DIXIE HWY #109		☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	Y-ST- E ME	- <u>ZIP</u>			Chang	e
CITY-ST-ZIP	1700 DIXIE HWY #109		☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	Y-ST- E ME				☐ Chang	e
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 DIXIE HWY #109) 		1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Y-ST- E ME REET A	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1700 DIXIE HWY #109) 	DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	Y-ST- E ME REET A	ADDRESS			☐ Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 DIXIE HWY #109) 		1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Y-ST- E ME REET / Y-ST .E	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1700 DIXIE HWY #109) 		1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-ST- E ME REET A Y-ST E	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-ST- E ME REET A Y-ST E ME	ADDRESS 1-ZIP ADDRESS ADDRESS			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1700 DIXIE HWY #109			1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST- E ME XEET / Y-ST ME REET / Y-ST	ADDRESS 1-ZIP ADDRESS ADDRESS				e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	Y-ST- E ME ME Y-ST E ME Y-ST E	ADDRESS 1-ZIP ADDRESS ADDRESS			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Y-ST- E ME WEET / E ME REET / Y-ST E	ADDRESS 1-ZIP ADDRESS ADDRESS			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	1700 DIXIE HWY #109		DELETE	1.4 CITTL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	Y-ST- E ME Y-ST E ME Y-ST E ME Y-ST E ME REET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 4-ZIP			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Y-ST- E ME Y-ST E ME Y-ST E ME ME Y-ST-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 4-ZIP			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1700 DIXIE HWY #109		DELETE	1.4 CITTL 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CITT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITT	Y-ST- E ME Y-ST E ME ME ME ME Y-ST- E	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 4-ZIP			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	Y-ST- E ME REET / REET / REET / F REET / REET / A ME REE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 4-ZIP			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	Y-ST- E ME REET / E ME REET / F ME REET / REET / REET / REET / REET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS			☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	Y-ST- E ME Y-ST E XEET / Y-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS			☐ Chang	e Addition e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	1700 DIXIE HWY #109		DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.4 CITY 5.5 TITL 5.5 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITL 5.5 CITY 5.4 CITY 5.4 CITY 5.5 TITL 5.5 CITY 5.7	Y-ST- EME WEET / EME WEET / EME WEET / FAME WEET / FAME WEET / FAME WEET / FAME WEET / FAME WEET / FAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS			☐ Chang	e Addition e Addition

14. I hereby 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 corporation or the exercise 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Robert L. Simmons, President

561-362-8888