

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K12780 (8)

1. Corporation Name  
SONY BROADCAST EXPORT CORPORATION

Principal Place of Business

5201 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126  
US

Mailing Address

1 SONY DR.  
MD T1-20  
PARK RIDGE NJ 07656  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/22/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-2867168	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	PD	11 TITLE	RABE, GREGORY, PRESIDENT/DIRECTOR
NAME	ADAMO, GLENN	12 NAME	5201 BLUE LAGOON DRIVE
STREET ADDRESS	5201 BLUE LAGOON DRIVE	13 STREET ADDRESS	MIAMI, FLORIDA 33126
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	CHAIRMAN/DIRECTOR
NAME	NEES, KENNETH L.	22 NAME	TSURUMI, MICHIAKI
STREET ADDRESS	5201 BLUE LAGOON DRIVE	23 STREET ADDRESS	5201 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE	D	31 TITLE	
NAME	ONISHI, TOCJUIKO	32 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	STEINBERG, CHARLES	42 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	HIROSHIGE, YOSHINORI	52 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE STE 400	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	
NAME	MOSES, ROBERT	62 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE STE 400	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

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 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.

CR2E034 (10/97)