

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90021 019 ***150.00

DOCUMENT # K12780

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

3. Date Incorporated or Qualified

01/22/1988

4. FEI Number

22-2867168

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RABE, GREGORY	
STREET ADDRESS	5201 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEES, KENNETH L.	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONISHI, TOCJIIKO	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINBERG, CHARLES	
STREET ADDRESS	5201 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TSURUMI, MICHIAKI	
STREET ADDRESS	5201 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSES, ROBERT	
STREET ADDRESS	5201 BLUE LAGOON DRIVE STE 400	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MEJIA, JUAN CARLOS	
1.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NUNEZ, MARIA CHRISTINA	
2.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)