FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I		(6)		
RED TOP BROADCASTING CORP.				T TRANSPORTE BERNET FRINK HANG ANN DER BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIR
Principal Place of Business Mailing Address				1 1881/811 Still Still 181/8 Hard Still Still State St
2010 NW 120 1799 N.E. 164 NORTH MIAMI	TH STREET	2010 NE 120TH ROAD 20001 BISCAYNE BLVD. NORTH MIAMI FL 33181 US		Date Incorporated or Qualified
US				08/10/1989 04/28/1995
2. Principal Plac	ce of Business 2	a. Mailing Address		4. FEt Number Applied For 65-0136690 Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	1 > 0 · 0 ·	\$8.75 Additional
22 2010 City & State	ne. 120th Rd 27	City & State	120th Re	6. Election Campaign Financing \$5.00 May Be
23 10.00	liani + 1 28	7 -	バモ	Trust Fund Contribution Added to Fees
Zip 24 321 8	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No
24 3318	9. Name and Address of Current Reg			10. Name and Address of New Registered Agent
,			81 Name	
			82 Street A	ddress (P.O. Box Number is Not Acceptable)
20801 BISCAYNE BLVD.			83	
NORTH	MIAMI BEACH FL 33180			85 Zip Code
			84 City	FL
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	e if applicable (NOTE: Re	egistered Agent signature red	quired when reinstating) DATE
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE	Change Addition
NAME	PREMER, HOWARD		1.2 NAME	
STREET ADDRESS	13499 BISCAYNE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	☐ Change ☐ Addition
TITLE		Deterie	2.1 MLE 2.2 NAME	
NAME STREET ADDRESS			2.3 STREET ADDRESS	
CITY S1-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			32 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	D Orange D Addition
TITLE	•	☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP 5. 1 Title	☐ Change ☐ Addition
TITLE		- Second	5.2 NAME	— · -
NAME STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
C-TY-ST-ZIP			6.4 CITY - ST - ZIP	The first and the second in Pontion 110 07/0//// Florida Chabitan I firsthan
14. I do hereb	y certify that the information supplied with t	nis tiling is voluntarily turnishe	eo and does not qua	lify 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 Elock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tremer 4-26-96 305-940-0180

CR2E034 (12/95)