FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:40

DOCUMENT # **L94507** **(5)**

1. Corporation Name
THE BRIAN BERKOFF SHOW, INC.

Principal Place of Business	Mailing Address
C/O MARKOVITCH & ASSOCIATES 11350 66TH ST NO #111 LARGO FL 34643	C/O MARKOVITCH & ASSOCIATES 11350 66TH ST NO #111 LARGO FL 34643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1308 W. Fletcher Ave
22 Suite, Apt. #, etc.
23 City & State: TAMPA FL
24 Zip: 33612
25 Country: Hillsborough

2a. Mailing Address
26 1308 W. Fletcher Ave
27 Suite, Apt. #, etc.
28 City & State: TAMPA
29 Zip: 33612
30 Country: Hillsborough

4. FEI Number: 59-3027335 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKOFF, BRIAN
3010 1ST ST N
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name: BRIAN Berkoff
82 Street Address (P.O. Box Number is Not Acceptable): 1308 W. Fletcher Ave
83
84 City: TAMPA FL 85 Zip Code: 33612

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: X BRIAN Berkoff, Dir. X Brian Berkoff X 3/30/95
(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	D	1.1 TITLE	DIR ☒ Change ☐ Addition
NAME	BERKOFF, BRIAN	1.2 NAME	BERKOFF, BRIAN
STREET ADDRESS	1735 OVERPAR DR	1.3 STREET ADDRESS	1308 W. Fletcher Ave
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Brian Berkoff X 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062944 CP