

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N10737** (7)  
1. Corporation Name  
**MIAMI SPRINGS TV PRODUCTIONS, INC.**

Principal Place of Business Mailing Address  
C/O ANDREW C. CLARK  
41 LENAPE DRIVE  
MIAMI SPRINGS FL 33166  
C/O ANDREW C. CLARK  
41 LENAPE DRIVE  
MIAMI SPRINGS FL 33166

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/16/1985** 3a. Date of Last Report **04/26/1994**

4. FEI Number **NOT APPLICABLE** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CLARK, ANDREW C.**  
**41 LENAPE DR.**  
**MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **500001490575**  
83 **-05/17795--01044--005**  
**\*\*\*\*130.00 \*\*\*\*130.00**  
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 ANDREW C. CLARK Andrew C. Clark April 7, 1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>JESSUP, DANIEL</b>
STREET ADDRESS	<b>4800 PINE TREE DR 101</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>V</b>
NAME	<b>WOLAR, BILL</b>
STREET ADDRESS	<b>1180 ROBIN AVENUE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>
TITLE	<b>T</b>
NAME	<b>SIMEOX, JOHN E</b>
STREET ADDRESS	<b>850 WREN AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>CLARK, ANDREW</b>
STREET ADDRESS	<b>41 LENAPE DR</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>
TITLE	<b>V</b>
NAME	<b>CLARK, ANDREW</b>
STREET ADDRESS	<b>134 FERN WAY</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>WOLAR, BILL</b>
STREET ADDRESS	<b>1180 ROBIN AVE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BILL WOLAR</b>
1.3 STREET ADDRESS	<b>1180 ROBIN AVENUE</b>
1.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CLARK, ANDREW JR.</b>
2.3 STREET ADDRESS	<b>134 FERN WAY</b>
2.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ASMUNDSSON, JO</b>
3.3 STREET ADDRESS	<b>6039 ALTON ROAD</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 3340</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CLARK, ANDREW SR.</b>
4.3 STREET ADDRESS	<b>41 LENAPE DRIVE</b>
4.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
5.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CLARK, ANDREW ELIZABETH S. CLARK</b>
5.3 STREET ADDRESS	<b>41 LENAPE DR</b>
5.4 CITY-ST-ZIP	<b>MIAMI SPRING FL 33166</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DANIEL JESSUP</b>
6.3 STREET ADDRESS	<b>4800 PINE TREE DRIVE</b>
6.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Asmundsson April 9, 1995 305-861-5703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**J. ASMUNDSSON, TREASURER**