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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)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
J. ASMUNDSSON, TREASURER