

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 30 1996 8:00 am  
Secretary of State

DOCUMENT # N10737

(7)

1. Corporation Name

MIAMI SPRINGS TV PRODUCTIONS, INC.

Principal Place of Business

C/O ANDREW C. CLARK  
41 LENAPE DRIVE  
MIAMI SPRINGS FL 33166

Mailing Address

C/O ANDREW C. CLARK  
41 LENAPE DRIVE  
MIAMI SPRINGS FL 33166



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLARK, ANDREW C.  
41 LENAPE DR.  
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified

08/16/1985

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500001907955

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FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ANDREW C. CLARK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 7, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	JESSUP, DANIEL	STREET ADDRESS	4800 PINE TREE DR	CITY-ST-ZIP	MIAMI BEACH FL
	<input checked="" type="checkbox"/>	DELETE					
TITLE	P	NAME	WOLAR, BILL	STREET ADDRESS	1180 ROBIN AVENUE	CITY-ST-ZIP	MIAMI SPRINGS FL
	<input checked="" type="checkbox"/>	DELETE					
TITLE	T	NAME	ASMUNDSSON, JO	STREET ADDRESS	6039 ALTON RD	CITY-ST-ZIP	MAIMI BEACH FL
	<input type="checkbox"/>	DELETE					
TITLE	D	NAME	CLARK, ANDREW SR.	STREET ADDRESS	41 LENAPE DR	CITY-ST-ZIP	MIAMI SPRINGS FL
	<input checked="" type="checkbox"/>	DELETE					
TITLE	V	NAME	CLARK, ANDREW JR.	STREET ADDRESS	134 FERN WAY	CITY-ST-ZIP	MIAMI SPRINGS FL
	<input checked="" type="checkbox"/>	DELETE					
TITLE	S	NAME	CLARK, ELIZABETH S	STREET ADDRESS	41 LENAPE DR	CITY-ST-ZIP	MIAMI SPRINGS FL
	<input checked="" type="checkbox"/>	DELETE					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIR	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME	JOHN VENABLES				
1.3 STREET ADDRESS	PO BOX 3324				
1.4 CITY-ST-ZIP	5040 NW 7 ST. # 430				
2.1 TITLE	VICE PRESIDENT - DIR	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME	BILL WOLAR				
2.3 STREET ADDRESS	1180 ROBIN AVENUE				
2.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166				
3.1 TITLE	VICE PRESIDENT - DIR	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME	ANDREW CLARK SR				
3.3 STREET ADDRESS	41 LENAPE DR				
3.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166				
4.1 TITLE	TREASURER - DIR	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME	JO ASMUNDSSON				
4.3 STREET ADDRESS	6039 ALTON ROAD				
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140				
5.1 TITLE	SECRETARY - DIR	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME	DANIEL JESSUP				
5.3 STREET ADDRESS	117 S SHORE DRIVE #6				
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33141				
6.1 TITLE	DIRECTOR	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
6.2 NAME	JOHN D. WOLAR				
6.3 STREET ADDRESS	1101 SWAN AVENUE				
6.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166				

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

305-861-5703

Date

Daytime Phone

CR2E037 (12/95)