

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

3. Date Incorporated or Qualified: 08/16/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

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)
83. 500001907955
-07/30/96--01081--034
84. City: ***61.25
85. Zip Code: FL

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)
Date: June 7, 1996

12. OFFICERS AND DIRECTORS

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

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 5040 NW 7 ST. # 430	
1.4 CITY-ST-ZIP	MIAMI FL 33265	
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. WRACH	
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: JOASMUNDSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/17/96
Daytime Phone: 305-861-5703

CR2E037 (12/95)