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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33166-5001
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3. Date Incorporated or Qualified 08/16/1985	3a. Date of Last Report 07/30/1996
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2. Principal Place of Business 21 Miami Springs TV Prod. Suite, Apt. #, etc. 22 255R WESTWARD DR. City & State 23 MIAMI SPRINGS, FL Zip 24 33166 Country 25 Dade	2a. Mailing Address 26 c/o Andrew C. Clark Suite, Apt. #, etc. 27 41 Lenape Dr. City & State 28 Miami Springs FL Zip 29 33166 Country 30 Dade	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
84 City
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 DATE 5/19/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VENABLES, JOHN	
STREET ADDRESS	5040 NW 7TH ST. #430	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1180 ROBIN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASMUNDSSON, JO	
STREET ADDRESS	6039 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOACH, JON D	
STREET ADDRESS	1101 SWAN AVE.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, ELIZABETH S	
STREET ADDRESS	41 LENAPE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JESSUP, DANNY	
1.3 STREET ADDRESS	117 S. SHOREDR #6	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clark, Andrew c.	
2.3 STREET ADDRESS	41 LENAPE DR.	
2.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLARK, ANDREW L.	
3.3 STREET ADDRESS	134 LAWN WAY	
3.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NEFSKY, PETER	
4.3 STREET ADDRESS	12141 SW 43 DR # 252A	
4.4 CITY-ST-ZIP	MIAMI, FL 33175	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HITAFFER, ARTY	
5.3 STREET ADDRESS	1298 ROBIN LN	
5.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ZIADIE, TEX	
6.3 STREET ADDRESS	740 FALSON AVE	
6.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Andrew C. Clark DATE 5/19/97

CR2E037 (9/96)