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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N10737
1. Corporation Name
MIAMI SPRINGS TV PRODUCTIONS INC.

Principal Place of Business: 255 WESTWARD DRIVE MIAMI SPRINGS FL 33166
Mailing Address: 4580 N JEFFERSON AVE MIAMI BEACH FL 33400-2938

2. Principal Place of Business: 255 WESTWARD DRIVE MIAMI SPRINGS FL 33166
2a. Mailing Address: 4580 N JEFFERSON AVE MIAMI BEACH FL 33400-2938
23. City & State: MIAMI SPRINGS FL
24. Zip: 33166
25. Country: USA

3. Date Incorporated or Qualified: 1987
4. FEI Number: [] Applied For [X] 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. Is this nonprofit corporation a homeowners association? [] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No

9. Name and Address of Current Registered Agent
~~J. Asmundsson~~
~~4580 N JEFFERSON AVENUE~~

10. Name and Address of New Registered Agent
81 Name: JO ASMUNDSSON
82 Street Address (P.O. Box Number is Not Acceptable): 4580 N JEFFERSON AVENUE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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 617.0603, Florida Statutes.
SIGNATURE: *[Signature]* JO ASMUNDSSON
100002584081
#08814298-01041038
6/25 DATE: 6/25, 1998

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIC MAJEWSKI
1.3 STREET ADDRESS	1330 N ROYAL POINCIANA BLVD
1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP ERIC ENGELMANN
2.3 STREET ADDRESS	120 S-E 8 AVENUE
2.4 CITY-ST-ZIP	HALEAH, FL 33010
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JO ASMUNDSSON
3.3 STREET ADDRESS	4580 N JEFFERSON AVENUE
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANNY JESSUP
4.3 STREET ADDRESS	117 S. SHORE DRIVE
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D BILL WOLAR
5.3 STREET ADDRESS	1180 ROBIN AVENUE
5.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PILAR RODRIGUEZ
6.3 STREET ADDRESS	1825 W 44 PLACE
6.4 CITY-ST-ZIP	HALEAH FL 33012

14. I 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: *[Signature]* J. ASMUNDSSON 23 April 305-532-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)