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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90121 031 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10737**

1. Corporation Name

**MIAMI SPRINGS TV PRODUCTIONS, INC.**

Principal Place of Business

255 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166  
US

Mailing Address

4500 N JEFFERSON AVE  
MIAMI BEACH FL 33140-2938  
US



147743 - 90121 - 31

2. Principal Place of Business 21 255 WESTWARD DR Suite, Apt. #, etc. 22 City & State 23 MIAMI SPRINGS FL Zip 24 33166 Country 25 US	2a. Mailing Address 26 636 W. 51st TERR Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL Zip 29 33140 Country 30 US	3. Date Incorporated or Qualified 08/16/1985 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
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9. Name and Address of Current Registered Agent

JO ASMUNDSSON  
4500 N JEFFERSON AVE  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name JO ASMUNDSSON  
82 Street Address (P.O. Box Number is Not Acceptable)  
636 W. 51st TERRACE  
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 617.0503, Florida Statutes.

SIGNATURE JO ASMUNDSSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	UP ERIC ENGELMANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIC MAJEWSKI	1.2 NAME	120 SE 8 AVENUE
STREET ADDRESS	1230 N ROYAL POINCIATA BLVD	1.3 STREET ADDRESS	HALEAH FL 33010
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC ENGELMANN	2.2 NAME	BILL WOLAR
STREET ADDRESS	120 SE 8 AVE.	2.3 STREET ADDRESS	1180 ROBIN AVENUE
CITY-ST-ZIP	HALEAH FL 33010	2.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ASMUNDSSON	3.2 NAME	JO ASMUNDSSON
STREET ADDRESS	4500 N JEFFERSON AVE	3.3 STREET ADDRESS	636 W. 51st TERRACE
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY JESSUP	4.2 NAME	DANNY JESSUP
STREET ADDRESS	117 S SHORE DR.	4.3 STREET ADDRESS	1161 SW 10 STREET
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL WOLAR	5.2 NAME	PILAR RODRIGUEZ
STREET ADDRESS	1180 ROBIN AVE	5.3 STREET ADDRESS	1825 W 44 PLACE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	5.4 CITY-ST-ZIP	HALEAH FL 33012
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILAR RODRIGUEZ	6.2 NAME	TEONI GIRALDEZ
STREET ADDRESS	1825 W 44 PLACE	6.3 STREET ADDRESS	473 LARK AVE
CITY-ST-ZIP	HALEAH FL 33012	6.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166

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, with all other like empowered.

SIGNATURE: J. ASMUNDSSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)