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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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
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147743-90121-31



2. Principal Place of Business 21 255 WESTWARD DR Suite, Apt. #, etc.	2a. Mailing Address 26 636 W. 51st TERR Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/16/1985
22	27	4. FEI Number NOT APPLICABLE
23 City & State MIAMI SPRINGS FL	28 City & State MIAMI BEACH FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33166	29 Country US	30 Country US
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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** (NOTE: Registered Agent signature required when reinstating) DATE **2/8/99**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	VIC MAJEWSKI
STREET ADDRESS	1230 N ROYAL POINCIATA BLVD
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ERIC ENGELMANN
STREET ADDRESS	120 SE 8 AVE.
CITY-ST-ZIP	HIALEAH FL 33010
TITLE	T <input type="checkbox"/> DELETE
NAME	JO ASMUNDSSON
STREET ADDRESS	4580 N JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	DANNY JESSUP
STREET ADDRESS	117 S SHORE DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BILL WOLAR
STREET ADDRESS	1180 ROBIN AVE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	PILAR RODRIGUEZ
STREET ADDRESS	1825 W 44 PLACE
CITY-ST-ZIP	HIALEAH FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIC ENGELMANN
1.3 STREET ADDRESS	120 SE 8 AVENUE
1.4 CITY-ST-ZIP	HIALEAH FL 33010
2.1 TITLE	VP <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	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JO ASMUNDSSON
3.3 STREET ADDRESS	636 W. 51st TERRACE
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANNY JESSUP
4.3 STREET ADDRESS	1161 SW 10 STREET
4.4 CITY-ST-ZIP	MIAMI FL 33130
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PILAR RODRIGUEZ
5.3 STREET ADDRESS	1825 W 44 PLACE
5.4 CITY-ST-ZIP	HIALEAH FL 33012
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TEOU GIRALDEZ
6.3 STREET ADDRESS	473 LARK AVE
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** (NOTE: SIGNATURE REQUIRED) DATE **2/8/99** 305-861-5703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/99)