

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90128 034 \*\*\*\*61.25

DOCUMENT # **N10737**

1. Entity Name  
**Miami Springs TV Productions, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**255 WESTWARD DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**636 W 51 TERR**  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
**MIAMI SPRINGS**

City & State  
**MIAMI BEACH**

4. FEI Number  
**650799764**

Applied For  
 Not Applicable

Zip  
**33166**

Country  
**USA**

Zip  
**FL 3340**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **JO ASMUNDSSON**  
Street Address (P.O. Box Number is Not Acceptable):  
**636 W 51 TERRACE**  
**MIAMI BEACH**  
City: **FL 33140** FL Zip Code: **33140**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: **PRESIDENT**  
NAME: **BILL WOLAR**  
STREET ADDRESS: **1180 ROBIN AVE**  
CITY-ST-ZIP: **MIAMI SPRINGS FL 33166**

TITLE: **TREASURER/SECRETARY**  
NAME: **JO ASMUNDSSON**  
STREET ADDRESS: **636 W 51 TERR**  
CITY-ST-ZIP: **MIAMI BEACH FL 33140**

TITLE: **DIRECTOR**  
NAME: **PETER NEFSKY**  
STREET ADDRESS: **12841 SW 43CT**  
CITY-ST-ZIP: **MIAMI FL 33165**

TITLE: **DIRECTOR**  
NAME: **DANNY JESSUP**  
STREET ADDRESS: **1053 SW 4 ST**  
CITY-ST-ZIP: **MIAMI FL 33134**

TITLE: **DIRECTOR**  
NAME: **ANDREW CLARK JR**  
STREET ADDRESS: **41 LENAPE DR**  
CITY-ST-ZIP: **MIAMI SPRINGS FL 33166**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 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: **7-13-02**  
305-861-5703

CR2E037B (12/01)