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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000005561 (4)

1. Corporation Name

SOUTH FLORIDA CHAPTER OF THE NATIONAL ACADEMY OF TELEVISION ARTSAND SCIENCES, INC.

Principal Place of Business	Mailing Address
3706 NORTH OCEAN BLVD., SUITE 111 FT. LAUDERDALE FL 33308	3706 NORTH OCEAN BLVD., SUITE 111 FT. LAUDERDALE FL 33308-6451

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business	2a. Mailing Address
21 4770 BISCAYNE BLVD	26 4770 BISCAYNE BLVD
Suite, Apt. #, etc. 22 #650	Suite, Apt. #, etc. 27 #650
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33137 / 25 DADE	Zip / Country 29 33137 / 30 DADE

4. FEI Number: 13-1951979 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICE, ARTHUR HALSEY ESQ.
848 BRICKELL AVE., SUITE 1100
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P TRUSTEE	☐ Change ☒ Addition
NAME	BEURENS, ROBERT A		1.2 NAME	BERMAN, IRENE	
STREET ADDRESS	3706 N OCEAN BLVD 111		1.3 STREET ADDRESS	15431 TURNBULL DR.	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MEDINA, BERT		2.2 NAME	BOYLAN, MIKE	
STREET ADDRESS	WSVN 1401 79TH ST CAUSEWAY		2.3 STREET ADDRESS	COMTEL/14901 N.E. 20TH AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVILA, DORIS T		3.2 NAME		
STREET ADDRESS	UNIVISION 9405 NW 41ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	PUJOL, DEBORAH		4.2 NAME	CASTELLI, ROSARIA	
STREET ADDRESS	6511 SW 122ND ST		4.3 STREET ADDRESS	P.O. BOX 7357 N.A.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33081	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	NEHRENS, ELIZABETH H		5.2 NAME	BEHRENS, ELIZABETH	
STREET ADDRESS	3706 N OCEAN BLVD 111		5.3 STREET ADDRESS	4010 GALT OCEAN DR. #1103	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CEFALO, CAROLYN		6.2 NAME		
STREET ADDRESS	5108 MAGGIORE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Elizabeth H. Behrens ELIZABETH H. BEHRENS 1/6/97 954-568-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034331