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May 15 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 # **N95000005561 (4)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
4770 BISCANYE BLVD #650 MIAMI FL 33137 US	4770 BISCAYNE BLVD #650 MIAMI FL 33137 US

3. Date Incorporated or Qualified: 11/27/1995

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, IRENE		1.2 NAME		
STREET ADDRESS	15431 TURNBULL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYLAN, MIKE		2.2 NAME		
STREET ADDRESS	COMTEL/14901 NE 20TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		2.4 CITY-ST-ZIP		
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	SCASTELLI	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~CASTELLI~~, ROSARIA		4.2 NAME		
STREET ADDRESS	PO BOX 7357 N.A.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEHRENS, ELIZABETH		5.2 NAME		
STREET ADDRESS	4010 GALT OCEAN DR #1103		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
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 (10/97)

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: Elizabeth H. Behrens 5/1/98 954-568-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELIZABETH H. BEHRENS

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