

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P16428 (5)**

1. Corporation Name
SILVER KING BROADCASTING OF HOLLYWOOD, FLORIDA, INC.



Principal Place of Business: **10306 USA TODAY WAY, MIRAMAR FL 33025, US**
Mailing Address: **12425 28TH ST. N., STE 300, ST PETERSBURG FL 33716, US**

3. Date Incorporated or Qualified: **10/19/1987**
3a. Date of Last Report: **04/28/1995**
4. FLL Number: **59-2752398**
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

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOHART, CHARLES	
STREET ADDRESS	12425 28TH STR NO, STE 300	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRANT, STEVEN H	
STREET ADDRESS	12425 28TH STR NO, STE 300	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAWLESS, JAMES M	
STREET ADDRESS	12425 28TH ST. N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHEAD, EDDIE	
STREET ADDRESS	10306 USA TODAY WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRAYER, MICHAEL	
STREET ADDRESS	12425 28TH STR NO, STE 300	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, LIA A	
STREET ADDRESS	390 WEST MARKET ST	
CITY-ST-ZIP	NEWARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Lily Guzman DeGarcia	
13 STREET ADDRESS	10306 USA Today Way	
14 CITY-ST-ZIP	Miramamar, FL 33025	
21 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GRANT, STEVEN H.	
23 STREET ADDRESS	12425 28TH ST. N., STE 300	
24 CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Drayer* 3-7-96 813-573-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)