

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33716-1826 US
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3. Date Incorporated or Qualified 10/19/1987	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2752398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 11831 30th Court No.
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State St. Petersburg, FL
24 Country	29 Zip 33716
	30 Country USA

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, LILY G	
STREET ADDRESS	10306 USA TODAY WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, STEVEN H	
STREET ADDRESS	12425 28TH STR NO, STE 300	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRAYER, MICHAEL	
STREET ADDRESS	12425 28TH STR NO, STE 300	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, LIA A	
STREET ADDRESS	390 WEST MARKET ST	
CITY-ST-ZIP	NEWARK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeGarcia, Lily Guzman
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Lyon
2.3 STREET ADDRESS	11831 30th Court North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth A. Waters
3.3 STREET ADDRESS	11831 30th Court No.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Treasurer and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lynn E. Krall
5.3 STREET ADDRESS	11831 30th Court No.
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CRCE034 (9/96)