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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CHANNEL 39, INC.

(1)

**FILED** May 12 1998 8:00am Secretary of State

Principal Place 2055 LEE ST HOLLYWOOD	REET	Mailing Address 2055 LEE STREET HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE				
						Ī	3. Date Incorporated or Qua	lified	<u> </u>	
2 Principal P	ace of Business	2a. Mailing Ad	drace				02/01/1989 4. FEI Number			plied For
21	acount beautiful and a second a	26	2,000				65-0085256			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desir	ed 🔲	\$8.75	
22		27	<del></del>				5, Certificate of Status Desir	eo <u>L.</u>	Fee Re	quired
City & State	9	City & State					6. Election Campaign Finance	cing	\$5.00	
<b>23</b> Zip	Country	28 Zip		Country			Trust Fund Contribution  8. This corporation owes or		Added t	
24	25	29	30	,			Personal Property Tax du	•		No
	g. Name and Address of Current	Registered Agen					10. Name and Address of N	ew Registere	d Agent	
	T CORPORATION SYSTEM			81	Name					
1200 SOUTH PINE ISLAND ROAD				82	Street	Addres	s (P.O. Box Number is Not Ac	ceptable)		<del></del>
ru	ANTATION FL 33324			83						<del></del>
				84	City			F	L 85 Zip (	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes, th	e above	-named	corpora	ation submits this statement fo	r the purpose	of changing it	s registered
agent la	egistered agent, or both, in the State on familiar with, and accept the obligations.	tions of, Section 60	7.0505, Florida	Statutes		porador	o total of directors. Thereby	accept the B	ppointmont as	rogistered
SIGNATURE	Signature, typed or printed name of registered agon	the second tellar of the second tellar	AIOTE: Bent	interest Acce	-1 -it		When reinstating)	DATE		
12,	OFFICERS AND			13.	nt eignature	a required	ADDITIONS/CHANGES TO			S IN 12
TITLE	P			1.1 TITLE		P/D			Change	Addition
NAME	FITZSIMONS, DENNIS J		1	1.2 NAME						
STREET ADDRESS	435 NORTH MICHIGAN AVE		1 1	1.3 STREET	address					
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-S	r-zip		· · · · · · · · · · · · · · · · · · ·			
TITLE	COHEN, HARVEY	LJ		2.1 TITLE	1	V			<b>X</b> Change	Addition
NAME CAREET ADDRESS	ONE FAWCETT PLACE, STE.	120		2.2 NAME	4000EGC					
STREET ADDRESS CITY-ST-ZIP	GREENWICH CT	120		2.3 STREET						
TITLE	VP			2. 4 CITY - 5 3.1 TITLE	1-Zir	T/0	)		X Change	Addition
NAME .	AGEMA, GERARD W		3	3.2 NAME		Ger	ald W. Agema		_ •	
STREET ADDRESS	435 NORTH MICHIGAN AVE		. 3	3.3 STREET	ADDRESS					- 1
CITY-ST-ZIP	CHICAGO IL			3.4. CITY - 5	I - ZIP					
TITLE	VENNEY COME	L.J	DELETE 4	4.1 TITLE		T/D				Addition
NAME	KENNEY, CRANE			4. 2 NAME						
STREET ADDRESS	435 NORTH MICHIGAN AVE CHICAGO IL			4.3 STREET		ł				}
CITY-ST-ZIP TITLE	VI IIVAUV IL			4.4 CITY-S' 5.1 TITLE	- ZIP	<del> </del>			Change	Addition
NAME				5.2 NAME					C Sumito	
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP			i i	5.4 CITY-S		1				ļ
TITLE				6.1 TITLE	<del></del> _	$\vdash$			☐ Change	Addition
NAME			6	6.2 NAME						1
STREET ADDRESS			6	6.3 STREET	ADDRESS					
CITY_CT_7IP				CAPITY C	מול	I				

14. Thereby 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.