

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -2 AM 10:11

SECRETARY OF STATE

DOCUMENT # P32180

1. Corporation Name
Southeast LPTV, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1230 6th Ave	26 1230 6th Ave
22 Suite, Apt. #, etc. 15E FL	27 Suite, Apt. #, etc. 15th FL
23 City & State New York, NY	28 City & State New York, NY
24 Zip 10020 Country USA	29 Zip 10020 Country USA

3. Date Incorporated or Qualified	Applied For
12/13/1990	Not Applicable
4. FEI Number	Applied For
59-30365231	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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	V D Genachowski, Tullius
STREET ADDRESS		1.3 STREET ADDRESS	1230 6th Ave, 15th FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10020
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Feldman, Rick
STREET ADDRESS		2.3 STREET ADDRESS	8800 Sunset Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Los Angeles, CA 90069
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sommer, Charles
STREET ADDRESS		3.3 STREET ADDRESS	1230 6th Ave, 15th FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10020
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Holtzman H. Steven
STREET ADDRESS		4.3 STREET ADDRESS	1 HSN Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33729
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Morgan, Ken
STREET ADDRESS		5.3 STREET ADDRESS	1 HSN Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33729
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rosenberg, Helen
STREET ADDRESS		6.3 STREET ADDRESS	8800 West Sunset Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	W. Hollywood CA 90069

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

SIGNATURE: _____ DATE: 4/27/00 (212) 413-6701
Signature and typed or printed name of signing officer or director: Charles Sommer