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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

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Principal Plac	ce of Business	Name and the second					
1320 18TH STREET NW		Mailing Address				a. (a), a.a,, a.a,, a.a,, a.a,,	ii dağıl miğil biği
1320 181H 3 SUITE 300	STREET NW	1320 18TH STREET N	W		}		
WASHINGTON DC 20036		SUITE 300 WASHINGTON DC 20036					
		***************************************	0.00		3. Date incorporated or Qualified	3a. Date of Las	t Report
0.5:				_	02/28/1991	08/10/	1995
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		26			93-7198611		Not Applicable
2	, #, BIG.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	5 Additional
City & State		27			Fee	Required	
3		City & State			Election Campaign Financing	\$5.0	00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution	Adde	ed to Fees
4	25	29	30	у	8. This corporation has liability for		. 199.032,
L	9. Name and Address of Curre	ent Registered Agent	130		Florida Statutes 10. Name and Address of New F	Yes ☐ No	
			81	Name	TV. THE INC. ADDIESS OF NEW P	registered Agent	
ENGLE	DOW, DAVE		L.				
	HIPPING AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133			83	 			
			84	City		85 Zi	p Code
11. Pursuant or registe	to the provisions of Sections 617.050 red agent, or both, in the State of Florith and account in the State of Florith and account in the State of Florith and Section 1.	02 and 617.1508, Florida Statu rida. Such change was authori	tes, the above- zed by the corp		oration submits this statement for the pur and of directors. I hereby accept the ano	FL	registered office
familiar w	to the provisions of Sections 617,050 ared agent, or both, in the State of Florith, and accept the obligations of, Sections of the state of the stat	ction 617.0503, Florida Statute	\$.	named corpo poration's boa	ard or directors. Thereby accept the app	rpose of changing its in continuent as registered	registered office I agent. I am
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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 16 if phanged, or open attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-96 202/4521291