

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33298

(1)

1. Corporation Name

HARK TELEVISION CORPORATION

Principal Place of Business

Mailing Address

1999 AVE. OF THE STARS, STE. 500
LOS ANGELES CA 90067

1999 AVE. OF THE STARS, STE. 500
LOS ANGELES CA 90067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/26/1991

05/19/1994

4. FEI Number

Applied For

95-4303884

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	O'CONNOR, ROBERT
STREET ADDRESS	420 NORTH 20TH STREET
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	V
NAME	HOLLOWAY, SHARON
STREET ADDRESS	16550 N.W. 52ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	GOLDSTEIN, IRA J.
STREET ADDRESS	410 PARK AVE., 10TH FL.
CITY - ST - ZIP	NEW YORK NY
TITLE	CD
NAME	KRIVIN, ALBERT P
STREET ADDRESS	1999 AVE. OF THE STARS, #500
CITY - ST - ZIP	LOS ANGELES CA
TITLE	D
NAME	GABA, HAROLD E
STREET ADDRESS	1999 AVE. OF THE STARS, #500
CITY - ST - ZIP	LOS ANGELES CA
TITLE	D
NAME	FRENCH, ROBIN
STREET ADDRESS	1999 AVE. OF THE STARS, #500
CITY - ST - ZIP	LOS ANGELES CA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Sharon L. Holloway* V

SHARON L. HOLLOWAY

4/18/95

305-433-8711