SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $72.50 (IF DISSOLVED, REINSTATEMENT DUE TO REINSTATE: $175)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:14

DOCUMENT # **P93000031759 (2)**

1. Corporation Name

DIRECT RESPONSE TELEVISION, INC.

Principal Place of Business	Mailing Address
4955 CYPRESS TRACE DR TAMPA FL 33624 US	4955 CYPRESS TRACE DR TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1993	3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-3178631	☐ Applied For ☐ 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
7. This corporation has liability for unemployment tax under s. 443.036 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORSETT, STEPHEN M 4955 CYPRESS TRACE DR TAMPA FL 33624	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LEELAND, DORSETT	12 NAME	
STREET ADDRESS	8003 LANGDON	13 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	DORSETT, STEPHEN M	22 NAME	
STREET ADDRESS	4955 CYPRESS TRACE DR	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JAMES	32 NAME	
STREET ADDRESS	2924 STAR APPLE CT	33 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	~~FRANK, ROBERT E~~	42 NAME	FRANCIS, ROBERT L.
STREET ADDRESS	6550 150TH AVE NO C207	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 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, the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of CR2E034, or on an attachment with an address.

SIGNATURE: _____ STEPHEN M. DORSETT 6-28-95 813 265 1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0100030 FP