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

Mailing Address

3100 N.W. 72ND AVE.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3100 N.W. 72ND AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052150 (8)

ASTRO PROGRAMMING ENTERTAINMENT, INC.

FILED
May 02 1997 8:00am
Secretary of State

Date Incorporated or Qualified	3a. Date of Last Report

MIAMI FL 33122		MIAMI FL 33122-1335	MIAMI FL 33122-1335						
						3. Date Incorporated or Qualified 07/26/1993		ate of Last Report 26/1996	
21 2		2a. Mailing Address	26			4. FEI Number			pli e d For
						65-0426264			Not Applicable
Suite, Apt. #, eld		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75		
City & State		27	City & State			5. Certificate of Status Desired Ed Fee Required			
		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
$Z_{\mathcal{P}}$	Country	Z/p	j	untry	1	8. This corporation has liability for			. 199.032,
24	25	29	30				Yes 🗶		
	9. Name and Address of C	Current Registered Agent		4	r -	10. Name and Address of New Re	gistered A	gent	
	va, nydia e			81	Name				
	2 S.W. 144TH CT.			82	Street Ad-	dress (P.O. Box Number is Not Acceptate	ole)		
MIA	MI FL 33175								
				83				-	
				84	City			85 Zip	Code
				04	City		FL	103 Zib	Dode
	registered agent, or both, in the an familiar with, and accept the	State of Florida, Such change wo obligations of, Section 607.0505	as authoriza , Florida Sta	ed by stute:	the corpor s.	rporation submits this statement for the pation's board of directors. I hereby acceptions	ot the appo	intment as	registered
SIGNATURE	Significated typing or printed name of registr	ored agent and title if applicable. {	NOTE Register	ed Age	eni signalure req	jured when reinstating)	DATE		
12.		RS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC			
Titl,F	DV	☐ DELETE	1.1	TITLE			[Change	Addition Addition
NAME	MENA, NYDIA E.		1,21	NAME	- -				
STREET ADDRESS	5502 SW 114 CT		1.33	STREET	ADDRESS				
CHY-S1-74P	MIAM! FL		1.4	CITY-S	ST-ZIP				
TILE	DST	DELETE	21	TITLE				Change	Addition
NAME	MENA, JOSE A		221	NAME					
STREET ADORESS	5502 SW 144 CT		2.3	STREET	ADDRESS				
CHY-ST ZIF	MIAMI FL		2 4	CITY-	ST - ZIP				
TIFLE	DP	₩ DELETE	3.1	TITLE				Change	Addition
NAMÉ	MENA, MARIA		3.2	NAME		D WOTE TO SERVE			
STREET ADDRESS	5502 SW 144 CT		3.3	STREET	ADDRESS	ANDID E. MENA 502 s.w. 144 ct.			
CHTY - \$1 - ZIP	MIAMI FL		3,4.	CITY-	ST-ZIP M	liami, Fl 33175			
7Hré	A TANAMAN AND A	☐ DELETE	4.1	TITLE		1±0m1) 11 33173		Change	Addition
N^Mi.			4. 2	NAME	1				
STREET LADDRESS	! !		4.3	STREET	ADDRESS				
CHTV - S1 - ZIP			4.4	CITY-S	ST-ZIP				
Inter	4	DELETE		TITLE				Change	Addition
NAM:			5.2	NAME	Į	•			
STREET ADDRESS			5.3	STREET	r ADDRESS				
CITY: \$1:20°			54	CITY-8	ST-ZIP				
TITLE		DELETE	61					Change	Addition
			=	I F K.L.	i				
NAME			1	NAME	1	•			
			6.2	NAME	r address				

14. I do 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.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

497 (805) 477-4723