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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMODOLISMA (U)

Principal Place of Business 1400 POST OAK BLVD. #1010 HOUSTON TX 77056 PAGE 1400 POST OAK BLVD. #1010 HOUSTON TX 77056				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1994		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		7 6-04 28663	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Z _I p 25 29 30		Country	ountry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes Toron		
**	9. Name and Address of Curre		30		10. Name and Address of New Regi	
C	CORPORATION SYSTEM		81	Name		
	200 S. PINE ISLAND RD.		82	Street Add	Iress (P.O. Box Number is Not Acceptable	
PLANTATION FL 33324			83		TOO (TO) DON (TANKED) TO) TO (TO DOD) CO.	···
			84	City		FL 85 Zip Code
11. Pursuant office or agent. I a	am familiar with, and accept the obli-	gations of, Section 607.0505, Flor	rida Statutes	3.	poration submits this statement for the pur tion's board of directors. I hereby accept aired whon renstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P DELETE		1.1 TITLE			Change Addition
NAME	AAAA BOOT OAK BUND OUTE AAAA		1.2 NAME			
HOHOTON TV TTACA		IIE IVIV	1.3 STREET			
CITY-ST-ZIP	VP	DELETE	1.4 CITY - S 2.1 TITLE	I - ZIP		Change Addition
NAME	JACKSA JR., E.A. "AL"		2.2 NAME			
STREET ADDRESS	AAAA DOOT OAY DIAD OUTE AAAA		2 3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TV TTOCO		2.4 CITY-ST-ZIP			
TITLE	8	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SHEINTHAL, STEVEN L		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77056		3.4. CITY - S	ST-ZIP		
TITLE	MATTER DALIE O		4.1 TITLE			☐ Change ☐ Addition
NAME	WEST, PAUL S 1400 POST OAK BLVD., SUITE 1010		4. 2 NAME			
STREET ADDRESS		11110	4.3 STREET			
CITY-ST-ZIP	HOUSTON TX 77056		4 4 CITY - ST - ZIP			Change Addition
TITLE NAME	DECEIE		5 1 TITLE 5.2 NAME			The results The World From
STREET ADDRESS			5.2 NAME 5.3 STREET	*DUBESC		
CITY-\$T-ZIP			5.4 CITY-S			ľ
TITLE		DELETE	6.1 TITLE	1-20		Change Addition
NAME			6.2 NAME			_ ,
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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.

11/ 100

FILED

May 14 1998 8:00am

Secretary of State