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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000020840 (2)

1. Corporation Name
AS SEEN ON T.V., INC.



Principal Place of Business

Mailing Address

~~12016 BARNOW RD
NORTH PALM BEACH FL 33408~~

~~12016 BARNOW RD
NORTH PALM BEACH FL 33408~~

2. Principal Place of Business

2a. Mailing Address

21 402 OCEAN DUNES Cir.
Suite Apt. # etc.

26 402 OCEAN DUNES Cir.
Suite Apt. #, etc.

22 City & State

27 City & State

23 Jupiter, Fl.

28 Jupiter, Fl.

24 Zip 33477

25 Country P.B.C.

29 Zip 33477

30 Country P.B.C.

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0472653

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WEGAND, KEITH
12016 BARNOW RD
NORTH PALM BEACH FL 33408~~

81 Name Tim Bryan

82 Street Address (P.O. Box Number is Not Acceptable)
402 OCEAN DUNES Cir.

83

84 City Jupiter

FL

85 Zip Code 33477

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: Tim Bryan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *
NAME ~~WEGAND, KEITH~~
STREET ADDRESS ~~12016 BARNOW ROAD~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL~~

DELETE

TITLE President
NAME BRYAN, TIM
STREET ADDRESS 62 IRONWOOD WAY N 402 OCEAN DUNES Cir
CITY-ST-ZIP PALM BEACH GARDENS FL Jupiter, FL.

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Tim Bryan President

4-30-97 (561) 625-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301830

CR2E034 (9/96)