SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

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 AUG -4 AM 10: 13

DOCUMENT # **P94000093068 (2)**

1. Corporation Name

FOUR SIXTEEN TELEVISION, INC.

Principal Place of Business	Mailing Address
2875 S OCEAN BLVD SUITE 109 PLAM BEACH FL 33480	2875 S OCEAN BLVD SUITE 109 PLAM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 2875 SOUTH OCEAN BLVD.	26 2875 SOUTH OCEAN BLVD.
Suite, Apt. #, etc.	22 SUITE 212	27 SUITE 212
City & State	23 PALM BEACH, FL.	28 PALM BEACH, FL.
Zip / Country	24 33480 / 25 PALM BEACH	29 33480 / 30 PALM BEACH

4. FEI Number: 65-0549637 ☐ 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
WODLINGER, CONSTANCE J 2875 S OCEAN BLVD SUITE 109 PLAM BEACH FL 33480	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): SAME 83 SUITE 212 84 City: SAME 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	11 TITLE	SAME	☑ Change ☐ Addition
NAME	WODLINGER, CONSTANCE J	12 NAME	SAME	
STREET ADDRESS	2875 S OCEAN BLVD SUITE 109	13 STREET ADDRESS	SAME - SUITE 212 -	
CITY-ST-ZIP	PLAM BEACH FL 33480	14 CITY-ST-ZIP	SAME	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		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 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: _____ 7/31/96 407-547-0775
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
CONSTANCE J. WODLINGER, PSTD

0069840 CP