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

6.3 STREET ADDRESS

6.2 NAME

P95000004350 (1) DOCUMENT #

TV PLANET, INC.

STREET ADDRESS

NAME

21

22

23 Zip

24

Principal Place of Business Mailing Address								/I ##III #I### III###II	III BUIL IODE
5401 COLLINS AVE. SUITE 102-8 MIAMI BEACH FL 33140		5401 COLLINS AVE. SUITE 102-B MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		
							01/18/1995	1 14	- Und For
2. Principal Pi	ace of Business	2a. Mailing Address			:	4, FEI Number		oplied For ot Applicable	
Culto Apt	# 610	Suite, Apt. #, etc.				65-0583047	¢0.75	Additional	
Sulte, Apt. #, etc		├ ─	27				5. Certificate of Status Desired		egulred
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip			Country			8. This corporation owes or has paid th	e current year Inf	tangible	
24	25	29	30	- 			Personal Property Tax due June 30.		_ No
	9. Name and Address of Curre	ent Registered Agent		<u> </u>			10. Name and Address of New Registe	ered Agent	
FAD	DEL ANTONIO			81	Name	;			
	1 COLLINS AVE.			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
	TE 102-B			83					
MIA	MI BEACH FL 33140			03					
				84	City			Ei 85 Zip	Code
44 Diversions	to the provisions of Soctions 607.05	502 and 607 1508. Florida Statut	es the	above	e-namér	d corpo	ration submits this statement for the purpo	se of changing i	ts registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ie of Florida. Such change was a	autnori	zea by	me co	rporatio	n's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	Chick and tale if applicable (NO)	E Pagist	arad Aac	nd exercely	ra required	d when reinstating) D	ATE	
12,		ND DIRECTORS	1		ar orginala	ic rogo.co	ADDITIONS/CHANGES TO OFFICERS		R\$ IN 12
TITLE			1.	1.1 TITLE		T		Change	Addition
NAME	FADEL, ANTONIO		1.3	2 NAME					
STREET ADDRESS	5401 COLLINS AVE	OLLINS AVE 14		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CiTY-ST-ZIP					
TITLE	D	DELETE	2.	TITLE				☐ Change	Addition
NAME	FADEL, FREDDYO	ADEL, FREDDYO 22		2 NAME					
STREET ADDRESS	5401 COLLINS AVE	4-1 4 4 		3 STREET	ADDRESS				
CHTY-ST-ZIP	MIAMI BEACH FL 33140			4 CITY - S	ST-ZIP	ļ		Change	Addition
TALE	D	DELETE		TITLE				change	☐ ¥00IIIOII
NAME	FADEL, SALOMON		3.2 NAME						
STREET ADDRESS	5401 COLLINS AVE		3.3 STREET						
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	3.4. CITY - 4.1 TITLE		ST - ZIP	 		Change	Addition
TITLE	D EVIDE: HVBIB	☐ DECEIG						Onlings	
NAME	FADEL, HABIB 5401 COLUNS AVE		4. 2 NAME 4.3 STREET		*UUDEGG				
STREET ADDRESS									
CITY-ST-ZIP TITLE	MIAMI DENOTI FE 33140	DELETE	4.4 CITY-		11-217	+		Change	Addition
NAME			5.2 NAME					•	
STREET ADDRESS	. :				ADORESS				
CITY-\$T-ZIP				4 CITY-S					
TITLE		DELETE	_	1 TITLE	· , 72	1		Change	Addition
						1			

FILED

Jan 28 1998 8:00am

Secretary of State

CITY-ST-ZIP 14. I 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 roceiver or trustee empowered executions 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.

Farm ANSONIO

(305)8648669