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

PROFIT CORPORATION ANNUAL REPORT

1997

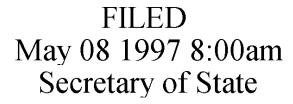


FLORIDA DEPARTMENT OF S

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007103 (1)



GOOD TV INC.										
Principal Place of Business Mailing Address						4 140012034 210 TOLOT 46112 00101 40101 00101	III Be ill Jo il	. (4 11) // / // 111	JA 1881 FA R i	
1219 W HARVARD ST 1219 W HARVARD ST ORLANDO FL 32804 ORLANDO FL 32804-5211			1							
9 Driesipal D	lace of Business	2a. Mailing Address				Date Incorporated or Qualified 01/23/1995 FEI Number	1	ate of Last R /26/1996	<u>.</u>	
21	lace of Business	26			T Tymos I Si					
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional				-	
22		[27]			5. Certificate of Status Desired		Fee Re			
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
Zip	Country	Zip	Cou	intry	'	8. This corporation has liability for	iny ingible	tax under s	. 199.032,	7
24	25		30	,			Yes			
	9. Name and Address of Current	I Registered Agent		B1	hl	10. Name and Address of New R	egistered	Agent		-
	EOD, W E			"	Name					1
	8 ORANGE AVE SUITE 801			82	Street Ad	dress (P.O. Box Number is Not Accepta	Not Acceptable)			1
ORL	ANDO FL 32801			83					<u>-</u>	{
				84	City		FL	85 Zip (Code	7
11. Pursuant	to the provisions of Sections 607.050	12 and 607,1508. Florida State	ulos, the a	L. J	c-named co	rporation submits this statement for the	Durnose o	• I changing it	ls registered	
office or t	registered agent, or both, in the State	of Florida, Such change was	95inoritus Iorida Stal	d by	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	ointmont as	registered	
1	an rannial with and accopt the civilgi	anona or, occion cor .coco, i	iorida biai	(CIOC						
SIGNATURE	Signature, typed or printed hame of registered age	out and litle if applicable (No	DIF: Registere	d Ago	int signature req	proof when reinstating)	DATE			1.
12.		ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFI	CERS ANI			90/0
TITLE	D	DELETE 1.1 TO						Change	Addition	-
NAME	PALMER, JEFF			1.2 NAME						E07
STREET ADDRESS	1219 W HARVARD ST	5			ADDRESS					١μ
CITY-ST-ZIP	ORLANDO FL 32804	DILETE		1.4 CITY - \$1 - ZIP 2.1 TOLE				Change	Addition	_\ <u>`</u>
NAME	DALMED THEREOA	LJ DECTE						L_1 Change	L_I Addition	
	PALMER, THERESA 1219 W HARVARD ST			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32804				ST-ZIP					
TITLE	ONDANDO PL 32004	DELETE	3.1 11		21-711			Change	Addition	-
NAME				3.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3 4. C	HY-S	ST - ZIP					
TITLE		DELFTE	4.1 11					Change	Addition	1
NAME			4.21	IAME						
STREET ADDRESS			4.3 S	TREE T	ADDRESS					
CITY-ST-ZIP			4.4 CI	ITY · S	1 - 21P					
TITLE		DELETE	5.1 T(5.1 TOTLE				Change	Addition	
NAME			5.2 N	5.2 NAME						-
STREET ADDRESS			5.3 \$	TALET	ADDRESS					
CITY-ST-ZIP		T beree			T-ZIP			T &		-
TITLE		DELETE	611)					Change	Addition	
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI	ITY - S	T- ZIP					1

4. 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 eath; that I am an officer or directly of the corporation or the ecceiver 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 or block in an attachment with an address.

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