

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000070102 (5)**

1. Corporation Name

**ASOTV HOLDINGS, INC.**



Principal Place of Business

**138 NORTH COUNTY ROAD  
PALM BEACH FL 33480**

Mailing Address

**138 NORTH COUNTY ROAD  
PALM BEACH FL 33480**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LIST, MARTIN A  
138 NORTH COUNTY ROAD  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified

**09/12/1995**

3a. Date of Last Report

4. EFT Number

**65-0613899**

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or firm named as registered agent and the agent's name

Name of Registered Agent (Signature not required when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D  
LIST, MARTIN A  
138 NORTH COUNTY ROAD  
PALM BEACH FL 33480**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

☐ Change

☐ Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

☐ Change

☐ Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

☐ Change

☐ Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

☐ Change

☐ Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

☐ Change

☐ Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change

☐ Addition

**100001800271  
-04/29/96--01136--047  
\*\*\*200.00**

**4-29-96  
JK**

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)(k), 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, and in Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designated Phone #

CR2E034 (12/95)