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**PROFIT** CORPORATION ANNUAL REPORT



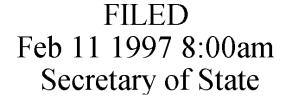
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000090427 (2)

T.V. PRODUCION INTERNACIONAL, INC.



Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State  R. Election Campaign Financing Trust Fund Contribution  Country  Countr	Principal Place of Business Mailing Address  18524 NORTHWEST 67TH AVENUE 18524 NORTHWEST 67TH AVENUE SUITE 125  MIAMI FL 33015  MIAMI FL 33015-3302			VENUE					
2. Principal Pace of Business   2. Mailting Address   2. Mailtin			·				1	eport	
Solite. April, etc.    Solite. April, etc.   Solite. April, etc.   Solite. April, etc.   Solite. April, etc.   Solite. April, etc.   Solite. April, etc.   Solite.   S			28. Mailing Address 26. 19 (6/1 W ·	OKMONT	4. FEI Num	ber			
City & State 23	Suite, Aph	#, elo	Suite, Aph.#, etc.	7 2					
Zop     Zop   Zo	City & State		City & State  28 Mi Ami F	lonida	1				
MARKO, DAVID EVERETT ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  85 Lip Code  FL  85 Lip Code  FL  85 Lip Code  FL  86 City  FL  86 City  FL  87 Lip Code  FL  87 Lip Code  FL  88 Street Address (P.O. Box Number is Not Acceptable)  87 Lip Code  FL  88 Lip Code  FL	<b>_</b>	15 25 US	29 33015	- <i>11</i>	Florida S	tatutes C	Yes 🔀 No	. 199.032,	
## Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	Registered Agent		10. Name at	nd Address of New Re	gistered Agent		
2 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI FL 33131  83  64 City FL 85 Zip Code  T1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 607 0505. Florida Statules.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MAME  GARCIA, CLAUDIA  18524 NORTH-WEST 67TH AVENUE, SUITE 125  TITLE  MIAMI FL 33015  TITLE  MIAMI FL 33015  TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  31 TITLE  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  ADDITIONS/CHANGES  CITY-ST-2IP  TITLE  DELETE  31 TITLE  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  ADDITIONS  Change  Addition  Addition  ADDITIONS  Change  Addition  Change  Addition  Addition  ADDITIONS  Change  Addition  Change  Addition  Change  Addition  ADDITIONS  Change  Addition  ADDITIONS  Change  Addition  Change  Chang	MARKO, DAVID EVERETT 81 Name								
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MIAMI FL 33131    83     84   City			0001	1001000 (7.0. 00%)	isinosi io iio: Accopiae	,,,			
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  MAME  GARCIA, CLAUDIA  18524 NORTHWEST 67TH AVENUE, SUITE 125  ITILE  NAME  SIREEL ADDRESS  CITY-ST-2IP  ITILE  DELETE  DELETE  1 TITLE  DELETE  2 TITLE  DELETE  3 STREET ADDRESS  CITY-ST-2IP  ITILE  DELETE  3 STREET ADDRESS  CITY-ST-2IP  ITILE  DELETE  3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  Addition  Addition  NAME  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  NAME									
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office or registered agent, I 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, Socione 607.6505, Florida Statutes.  SIGNATURE  Signature  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  GARCIA, CLAUDIA  18524 NORTHWEST 67TH AVENUE, SUITE 125  ILL STREET ADDRESS  CITY-ST-2IP  MIAMI FL 33015  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  3.1 TITLE  DELETE  3.3 TITLE  DELETE  3.3 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  3.1 TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  4.1 TITLE  DELETE  Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Ad							FL   "   E   F	5000	
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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 congruing or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.2 NAME

6.1 TITLE 6.2 NAME

☐ DELETE

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADDRESS

THILE

NAME STREET ADDRESS

CHY-ST-7/P

City-S1-ZiP

Change

Addition