

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90031 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000044800**

1. Corporation Name  
**JAMES TV DIRECT, INC.**



Principal Place of Business  
**2331 NW 33 ST  
308  
FT LAUDERDALE FL 33309  
US**

Mailing Address  
**2331 NW 33 ST  
308  
FT LAUDERDALE FL 33309  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/20/1996**

4. FEI Number  
**65-0678143**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **3032 E. Commercial Blvd.**

27 Suite, Apt. #, etc. **# 20**

28 City & State **Ft. Lauderdale**

29 Zip Country **33308 Broward**

9. Name and Address of Current Registered Agent

**JAMES, ROCKY  
2331 NW 33 ST  
STE 308  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **JAMES, ROCKY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3032 E. Commercial Blvd. #20**

83 **# 20**

84 City **Ft. Lauderdale, FL** 85 Zip Code **33308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **JAMES, ROCKY**

STREET ADDRESS **6950 CYPRESS RD #209**

CITY-ST-ZIP **FT LAUDERDALE FL 33317**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **JAMES, ROCKY**

1.3 STREET ADDRESS **3032 E. Commercial Blvd. #20**

1.4 CITY-ST-ZIP **Ft. Laud. Fla, 33308**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-99**

Date

**954-493-9020**

Daytime Phone #

CR2E034 (1/1/98)