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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000065767 (1)

GENERATION X TV INC.

Principal Place of Business

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State



1150 NW 72 AVE. BUITE 430 1150 NW 72 AVE MIAMI FL 33126 MIAMI FL 33126-			1		
				3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1016 Sulte, Apt	ITAL DREAMWORKS	26 7270 N.W). 12th ST	05-07387	Not Applicable
22 737	10. N.W 12th st	27 H (30		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	mi FL		- L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33\	26 25 USA,		Country USA		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
GONZALEZ, LENNY B1 Name LENNY GONZALES					
631 SW 93 CT				Address (P.O. Box Number is Not Acceptab	10k1 H 17X
MIAMI FL 33172 33172 33172					
]					
			84 Crty	Miani II	FL 85 Zip Code 2/0
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above-named	corporation submits this statement for the p	urnose of changing its registered
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					
BIGINATORE	Signature, typed or printed name of registered agen	t and little if applicable (NOTE: F	Registered Agent signature	e required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	O O O O O O O O O O O O O O O O O O O	☐ DELETE	11101LE	PRESIDENT	☐ Change ☐ Addition ☐
NAME	GONZALEZ, LENNY 631 SW 93 CT		1.2 NAME	LENUH GONZALEZ	c
STREET ADDRESS	MIAMI FL 33172		1.3 STREET ADDRESS	7270NW. 124KSt.	30FTC#136
CITY-ST-ZIP		- □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Miami FL 33126	Change Addition
NAME	GONZALBZ, SUSAI	5 Libertie	2.2 NAME	SECRE TARY	☐ Change ☐ Addition ☐
STREET ADDRESS	1031 S.W. 93 COU	-7-9	2.3 STREET ADDRESS	SUSAN GONZALEZ	
CITY-ST-ZIP	7970 N.W . 12th st . MIAMI FL 33126	SUITE# 130	2.4 CITY-\$1-ZIP	7270 N.W. 12+1 5+ MIAMI, FL 33126	.80TE # 130
TITLE	TIM HOGLE	DELETE	3 1 TITLE	VICE PRESIDENT	Change Addition
NAME	THE CHANCE OF THE	A	3 2 NAME		
STREET ADDRESS	IIII LINCOLN RD.	80UE 312	3.3 STREET ADDRESS	TIM HOFLE	
CITY-ST-ZIP	MIAMI BEACH FL	3 3139	3.4 CITY-ST-ZIP	MAANI BEACH BY BOAD	#-373
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition
NAME			4 2 NAME		
STREET ADORESS			43 STREET ADDRESS		
_CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		[_] DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-7IP		Change Dadger
TITLE		☐ DEFEIF	61 TITLE		Change Addition
NAME CTREET ANNACCO			6.2 NAME		
STREET ADDRESS	ŧ		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filling 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 of 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 director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 13 if chapted, or on an attachment with in address.