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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P96000083038 (5)

TELEVISTA INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 300 HARBOR DRIVE 300 HARBOR DRIVE INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS BEACH FL 34635 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 59-3462618 5020 BUNN Highway 5020 GUNN HIGHWAY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State & State \$5.00 May Be 6. Election Campaign Financing Tamor Tamor FL 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33629 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **DUNCAN, CHUCK** 3625 QUEEN PALM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33619** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0503 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 flood in the corporation of t SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE PSD WILKINSON, BRUCE W NAME 1.2 NAME **5020 GUNN HWY., STE 210** STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ۷D GREENISH, PATRICK R NAME 2.2 NAME 300 HARBOR DR. 23 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 34635 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE TD 31 TITLE NAME FABRO, FRED M 3.2 NAME STREET ADDRESS 13693 18TH AVE 3.3 STREET ADDRESS SURREY BC V4A1W-5 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 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 trusteet improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an information.

SIGNATURE:

一切に 変し 素をなる