

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90007 038 ***150.00

DOCUMENT # P98000048258

1. Corporation Name
THE 5TH AVENUE CHANNEL, INC.

Principal Place of Business

1506 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162

3957 NE 163d ST
N. MIAMI BEACH, FL 33160

Mailing Address

1506 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162

SAME

2. Principal Place of Business

21 3957 NE 163d ST

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 N. MIAMI BEACH, FL

City & State

28

Zip

24 33160

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYE BLVD.
SUITE 3000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1998

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81 Name ~~MELVIN ROSEN~~ SAMUEL H. SIMKIN
82 Street Address (P.O. Box Number is Not Acceptable)
3957 NE 163d ST.
83
84 City N. MIAMI BEACH FL 85 Zip Code 33160

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

Samuel H. Simkin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR, PRES + CEO ☐ DELETE
NAME ROSEN, MELVIN
STREET ADDRESS 1506 NORTHEAST 162ND STREET 3957 NE 163d
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 33160

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR + OFFICER ☐ Change ☒ Addition
2.2 NAME SAMUEL H. SIMKIN
2.3 STREET ADDRESS VICE PRESIDENT + GENERAL COUNSEL
3957 NE 163d ST
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160

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:

Samuel H. Simkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 305/947.3010

0032840

CR2E034 (11/98)