May 10, 1999 8:00 am Secretary of State

05-10-1999 90097 032 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094719

1. Corporation Name

EMERALD TELEVISION SERVICES. INC.

CIVICITAL	D TEEE VIOLOT GETTVIOLOT	110.								
Principal Place					08118 18113 E1811 1		1021			
1134 ASHLEY AVE. 1134 ASHLEY AVE. INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 3							TUIC COACE			
						DO NOT WRITE IN 1	INIS SPACE			
						3. Date Incorporated or Qualifed 11/06/1998		_		
2. Principal P	lace of Business	2a. Mailing Address		/3	4. FEI Number		Applied For			
21		26 20568 VENTURA BLUD		200	<u> </u>	¢0.7	Not Applica			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e	City & State			1	6. Election Campaign Financing \$5.00 May Be				
23			WOODLAND HILLS, CA			Trust Fund Contribution Added to Fees				
Zip	Country Zip Cou			(6, 1,100 00, policion of the first of the f						
24	25	29 91364 30	<u> </u>			Personal Property Tax.	X Yes	No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe				
CT CORPORATION SYSTEM				Name		EANSIDE PLACE				
1200 S. PINE ISLAND RD.				Street	Addres	SS (P.O. Box Number is Not Acceptable)	a AVE	ENUE	<u>.</u>	
PLANTATION FL 33324				13		30	1	-		
				34 City						
					ORLANDO FL ST Zip Code					
l office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	ionzed t	by the corpo	corpor oration	ation submits this statement for the purpor's board of directors. I hereby accept the a	se of changing appointment as	its registere s registered	ad	
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu SIGNATURE EDWARD T. Mc MANUS, CPA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					anuired u		28/90	7	.	
12.	OFFICERS AND		13.			ADDITIONO/OUTNOED TO OFFICED	S AND DIREC	CTORS IN 1	2	
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NAME	GREEN, BETSY		1.2 NAME		3.6	CEEN, CETSY	7 (Z)			
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			52 NAM	F						

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the symption 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 affine receiver or trustee annowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of an alachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition

CR2E034 (11/98)