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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04108

(4)

SOUNDVIEW RADIO & TELEVISION CORP.

						8 (8 )	<i>i</i>
Principal Place of Business Mailing Address					E HODISBIR EIN OOK IN BIRON HOUS BASAR HOUG	OLON BURN ONNI BION ONN	i asabi idai
10114 MILITA	RY TRAIL	10114 MILITARY TE	RAIL				
SUITE 116	ACH FL 33436	SUITE 116 BOYNTON BEACH	FI 33438.4049				
DOTHION DE	noil its was	DO INTON PERON	1 2 20100-1010		3. Date Incorporated or Qualified	3a. Date of Last f	Report
					10/05/1990	07/09/1996	,
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<del></del>	pplied For
21		26			65-0231482 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22		27			5, Certificate of Diction Desired	Fee R	equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23.		28			Trust Fund Contribution		
Zip Country		— <b>├</b> ─ `	Zip Country		8. This corporation has tiability for intangible tax under s. 199.032, Florida Statutes		
24	25 Name and Address of Cu	rent Begistered Agent	30		Florida Statutes  10. Name and Address of New Reg		
PO'	TTER, RANDOLPPH J.F.	Treat Tropistored Agent	81	Namo	IC. Hame and Address of Hell He	gratered Agent	
	13 S DIXIE HWY						
			82 Street Ac		ess (P.O. Box Number is Not Acceptab	le)	
SUITE <b>3</b> 02 Miami FL 33143		l <sub>e</sub>					
min	WII FE 33173						
	2		84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida	Statutes, the above-	named corp	oration submits this statement for the n		ts registered
office or	registered agent, or both, in the S	tate of Florida. Such change	was authorized by t	he corporati	oration submits this statement for the poon's board of directors. I hereby accep	t the appointment as	registered
	am familiar with, and accept the ol	bligations of, Section 607.65	oos, Fiorida Statutes.				
SIGNATURE	Signature, typed or printed name of registerer	d agent and title if applicable	(NOTE: Registered Agent	signature require	ad when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.	··	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE			TE 1.1 TITLE	1		Change	☐ Addition
NAME	TAYYAB, MAMOONA		1.2 NAME				
STREET ADDRESS	4690 SUMMIT BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 C/1Y - S1 - Z/P		ZIP			<u> </u>
TITLE	VS	DELE	TE 2.1 TITLE	-	☐ Change ☐ Additi		Addition
NAME	TAYYAB, RASHID		2.2 NAME	ļ			
STREET ADDRESS	4690 SUMMIT BLVD	2.3 STRE		DDRESS			
CITY-ST-ZIP			2 4 CHTY-St	- ZIP			
TITLE	<u> </u>					Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DDRESS			
CITY-ST-ZIP			3.4. CITY - ST-	ZIP			
TITLE	_					☐ Change	Addition
NAME			4. 2 NAME		,	d	
STREET ADDRESS	ET ADORESS		4.3 STREET A		1,,	(), \	
CITY-ST-ZIP			44 CHY-S1-	ZIP	$-\mu$	<del>/~</del>	
TITLE			• • • • • • • • • • • • • • • • • • • •			Change	Addition
NAME			5.2 NAME		`(~	`	
STREET ADDRESS			5.3 STREET AL		0 1		İ
CITY-ST-ZIP			5.4 CHY-SI-	ZIP			TT
TITLE		☐ DELE	TE 617MLE			Change	Addition

14. I do 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 appears or supplicy central 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 control or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 libehanged, or on in attact from with an agrices.

6.2 NAME

IONATURE /1/ 1/ / / / / / / / / /

NAME

STREET ADDRESS

561-369-1906

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**FILED** 

May 14 1997 8:00am

Secretary of State