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Jan 14 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S20062** (3)

1. Corporation Name

**INNOVATIVE DESIGNS TELEVISION (IDTV), INC.**

Principal Place of Business

**851 BROKEN SOUND PARKWAY**  
**BOCA RATON FL 33487**  
**US**

Mailing Address

**951 BROKEN SOUND PARKWAY**  
**180**  
**BOCA RATON FL 33487-3531**  
**US**

3. Date Incorporated or Qualified

**12/19/1990**

3a. Date of Last Report

**01/26/1996**

2. Principal Place of Business

**951 Broken Sound Parkway**

Suite, Apt. #, etc.

**Suite 160**

City & State

**Boca Raton FL**

Zip

**33487**

Country

**USA**

24

25

9. Name and Address of Current Registered Agent

**HETZMAN, BRIAN**

**8047 TRANQUILITY LAKE DRIVE**  
**DELRAY BEACH FL 33446**

2a. Mailing Address

**951 Broken Sound Parkway**

Suite, Apt. #, etc.

**Suite 160**

City & State

**Boca Raton FL**

Zip

**33487**

Country

**USA**

24

25

9. Name and Address of Current Registered Agent

**HETZMAN, BRIAN**

**8047 TRANQUILITY LAKE DRIVE**  
**DELRAY BEACH FL 33446**

81 Name

**HETZMAN, BRIAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**\* 8047 N. TRANQUILITY LAKE DRIVE**

83

84

City **DELRAY BEACH**

**FL**

85 Zip Code **33446**

10. Name and Address of New Registered Agent

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

Signature of officer, director, or registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **HETZMAN, BRIAN**  
STREET ADDRESS **8047 TRANQUILITY LAKE DRIVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/97**

Date

**561-994-1300**

Daytime Phone

0338882

CR2E034 (9/96)