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

Jun 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # Innovative Designs Television Inc. Principal Place of Business Mailing Address 8047 N TRANQUILITY LAKE 8047 N TRANQUILITY LAKE DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11-1191 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0272949 Not Applicable 21 26 Suite. Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible **X** Yes Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HETZMAN, BRIAN 8047 N TRANQUILITY LAKE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33446** 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE Pres ident DELETE 1 1 Till F BRIAN Hetzman DAME 1.2 NAME 8047 N. Tranquility LK Dr. STREET ADDRESS 1.3 STREET ADDRESS CiTY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE Tilli E MAINE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2.4 CITY-ST-ZIP 1 L.F. DELETE Change Addition 3.1 Title HAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST- ZIP Milit DELETE 4 1 TITLE Change Addition 1 4 2 NAME LAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST - ZiP 4.4 CITY-ST-ZIP Change THILE DELETE 51 TITLE ■ Addition 5.2 NAME HAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY - ST-ZIP DELETE Change Addition TITLE 6 1 TITLE 400002555084 -06/10/98--01079--001 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 other or director of the country of the country

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