

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:03

DOCUMENT # S88538 (1)

1. Corporation Name

UNIVERSAL TELEVISION PRODUCTIONS CORP.

Previous Place of Business

224 SW 6TH ST
MIAMI FL 33130

Mailing Address

224 SW 6TH ST
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/18/1991

3a. Date of Last Report
07/26/1994

4. Fbi Number
65-0290826

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 has liability for intangible tax under S. 199.012,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VELOSO, D.A. JR
224 SW 6TH ST
MIAMI FL 33130**

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent and the Corporation)

(Signature of Registered Agent Signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: Change Addition

TITLE: D
NAME: VELOSO, D.A. JR
STREET ADDRESS: 6401 CELLINI ST
CITY, ST, ZIP: CORAL GABLES FL

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:

TITLE: PST
NAME: VELOSO, D.A. JR
STREET ADDRESS: 6401 CELLINI ST.
CITY, ST, ZIP: CORAL GABLES FL

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 110 (7)(3)(b), Florida Statutes. I hereby certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made by the officer or director of the corporation or the officer 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 checked, or in an addition with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

03/10/95

(Type) (Print Name)