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

FILED Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V09720 (6)**NETWORK TELEVISION CONSULTANT, INC.** Principal Place of Business Mailing Address 30 WEST MASHTA DRIVE 30 WEST MASHTA DRIVE DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 US 3. Date Incorporated or Qualified 01/27/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0308978 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GELFAND, ELLIOTT J 9400 S. DADELAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 **MIAMI FL 33156** City 84 85 Zip Code 11. Pursuant to the provisions of Snctions 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE VALERIUS, HERMAN 1.2 NAME NAME 30 WEST MASHTA DRIVE, #405 13 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE CORDERO, SERGIO 2.2 NAME NAME 30 WEST MASHTA DRIVE, #405 2.3 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP Change Addition DELETE 3 1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP

CITY-ST-2IP 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 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 13 if changed, of on an attachment with an address.

51 TITLE

5.2 NAME

61TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Change

Change

Addition

Addition