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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V13023 (9)
1. Corporation Name
WORLDWIDE TARGET DEMOGRAPHIC TELEVISION, INC.



Principal Place of Business
245 N. OCEAN BLVD.
STE. 306
DEERFIELD BEACH FL 33441
US

Mailing Address
245 N. OCEAN BLVD.
STE. 306
DEERFIELD BEACH FL 33441-3844
US

3. Date Incorporated or Qualified 02/11/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0313589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CAPRIO, JORETTA A. %WT 245 N. OCEAN BLVD. STE. 306 DEERFIELD BEACH FL 33441	10. Name and Address of New Registered Agent 81 Name ROSENFELD, JEFFREY R. %WTD 82 Street Address (P.O. Box Number is Not Acceptable) 245 N. OCEAN BLVD. 83 STE. 306 84 City DEERFIELD BEACH FL 85 Zip Code 33441
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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]* DATE 4/21/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DAILEY, JOSEPH DANIEL STREET ADDRESS 706 E. LAKEVIEW AVE. CITY-ST-ZIP EUSTIS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR & C.E.O. 1.2 NAME ROSENFELD, JEFFREY R. 1.3 STREET ADDRESS 2795 N.W. 29TH AVENUE 1.4 CITY-ST-ZIP BOCA RATON, FL. 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DAILEY, OMA MARIE STREET ADDRESS 706 E. LAKEVIEW AVE. CITY-ST-ZIP EUSTIS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR 2.2 NAME CALLANAN, PATRICK 2.3 STREET ADDRESS 31 OLD WOODS ROAD 2.4 CITY-ST-ZIP SADDLE RIVER, N.J. 07458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DCST NAME DAILEY, WILLIAM LAWRENCE STREET ADDRESS 2851 SOUTH OCEAN BOULEVARD #28 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR 3.2 NAME DAILEY, DANIEL L. 3.3 STREET ADDRESS 1508 SE 6TH STREET 3.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE 4/21/97 (954) 427-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)