

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V44405** (1)

1. Corporation Name
SOBE NEWS, INC.



Principal Place of Business

**804 OCEAN DR., 2ND FLOOR
MIAMI BEACH FL 33139**

Mailing Address

**804 OCEAN DR., 2ND FLOOR
MIAMI BEACH FL 33139**

2. Principal Place of Business

21 **404 Washington Ave**

Suite, Apt. #, etc.

22 **650**

City & State

23 **Miami Beach, FL**

Zip Country

24 **33139**

Country

2a. Mailing Address

26 **404 Washington Ave.**

Suite, Apt. #, etc.

27 **650**

City & State

28 **Miami Beach, FL**

Zip Country

29 **33139**

30

9. Name and Address of Current Registered Agent

**LITMAN, NEAL S., ESQ.
% LITMAN AND ARVESU, P.A.
2000 S. DIXIE HWY., SUITE 101
MIAMI FL 33133**

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

06/23/1995

4. FET Number

65-0356771

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. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME **POWERS, JERRY**
STREET ADDRESS **804 OCEAN DR., 2ND FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE VPS ☐ DELETE

NAME **POWERS, SANDI**
STREET ADDRESS **804 OCEAN DR., 2ND FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 PT ☒ Change ☐ Addition

12 NAME **Powers, Jerry**
13 STREET ADDRESS **404 Washington Ave., #650**
14 CITY-ST-ZIP **Miami Beach, FL 33139**

2.1 TITLE VPS ☒ Change ☐ Addition

22 NAME **Powers, Sandi**
23 STREET ADDRESS **404 Washington Ave., #650**
24 CITY-ST-ZIP **Miami Beach, FL 33139**

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Jerry Powers

4/30/96

Date

305-532-2544

Daytime Phone

CR2E034 (12/95)