

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V53929**

WORLD AFFAIRS TELEVISION PRODUCTIONS (USA) INC.



Principal Place of Business: 10 DE MAINSONNEUVE WEST, STE 3230/MONTREAL, QUEBEC, CANADA H3A3J2
 Mailing Address: % CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1992	
4. FEI Number 65-0553779	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	

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: PLA (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS ST-ZIP	PD SHAPIRO, LARRY J 4854 COTE DES NIEGES, SUTE 2015 MONTREAL, QUEBEC, CANADA H3V1G-7 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
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STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SEPTEMBER 7, 1999 (514) 847-2970

CR2E034 (5/99)

World  Affairs
Les Affaires Mondiales

V 53929
613842-90003

September 7, 1999

BY MESSENGER (FEDERAL EXPRESS)

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Attention: Reinstatement Division
409 East Gaines Street
Tallahassee, Florida 32399
U.S.A.

RE: 1999 Profit Corporation Annual Report

Dear Sir/Madam:

Further to a recent telephone conversation with Ms. Tammy Marks of your offices, enclosed is our *1999 Profit Annual Report*, duly completed, along with our cheque in the amount of \$150.00 U.S. to cover the amount of the filing fee. The present letter also serves as confirmation that no profits have been made by our Corporation.

As discussed with Ms. Marks, the first notice which was sent by your office was never received by us, and it has, therefore, been understood that the late charge will be disregarded.

I appreciate your cooperation and understanding, and trust that you will find the foregoing satisfactory. In the event you should have any questions regarding this matter, please do not hesitate to communicate with me at your convenience.

Yours very truly,



Larry Shapiro,
President and Executive Producer
World Affairs Television Productions Inc.

Encls.