FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:18

DOCUMENT # V61581 (7)

1. Corporation Name
LEGACY TV, INC.

Principal Place of Business	Mailing Address
3500 MAGELLAN CIR #717 AVENTURA FL 33180	3500 MAGELLAN CIR #717 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1801 So. Federal Hwy.	26 1801 So. Federal Hwy
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Delray Beach, Fl.	City & State 28 Delray Beach, Fl.
Zip / Country 24 33483 / 25 USA	Zip / Country 29 33483 / 30 USA

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0354751 ☐ 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

9. Name and Address of Current Registered Agent

ANGEL, ALBERT J.
3500 MAGELLAN CIR
#717
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3610 Yacht Club Drive #T58
83
84 City Aventura FL 85 Zip Code 33180

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 _____ (NOTE: Registered Agent signature required when mail-filing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CHERRY, ERIC
STREET ADDRESS	1801 S FEDERAL HWY #300
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	ANGEL, ALBERT J.
STREET ADDRESS	3500 MAGELLAN CIR #717
CITY-ST-ZIP	AVENTURA FL
TITLE	D
NAME	POTENZA, JACK
STREET ADDRESS	1801 S. FEDERAL HWY #300
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	RANDAZZA, JOSEPH
STREET ADDRESS	885 3RD AVE
CITY-ST-ZIP	NY NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	3610 Yacht Club Drive #T58	
24 CITY-ST-ZIP	Aventura, Fl. 33180	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	1801 S. Federal Hwy · Ste 300	
44 CITY-ST-ZIP	Delray Beach, Fl. 33483	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 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 added, above.

SIGNATURE: _____ 2-4-95 407-279-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197701 CP