

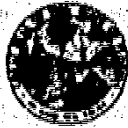
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 26 AM 7:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra H. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # H75052 (1)**

**1. Corporation Name  
VIDEO JUKEBOX NETWORK, INC.**

**Principal Place of Business Mailing Address  
12000 BISCAYNE BLVD. MIAMI FL 33181-2742  
12000 BISCAYNE BLVD. MIAMI FL 33181-2742**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 09/10/1985  
3a. Date of Last Report 01/27/1994**

**2. Principal Place of Business 2a. Mailing Address  
21 1221 Collins Ave. 26 1221 Collins Ave.**

**4. FEI Number 59-2605267  
Applied For Not Applicable**

**Suite, Apt. #, etc. Suite, Apt. #, etc.**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**City & State City & State  
23 Miami Beach, FL 28 Miami Beach, FL**

**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**

**Zip Country Zip Country  
24 33139 25 33139 29 33139 30**

**8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent  
WLMC REGISTERED AGENTS, INC.  
777 BRICKELL AVE., SUITE 1200  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent  
81 Name WLMC REGISTERED AGENTS, INC.  
82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 2000  
83  
84 City MIAMI FL 85 Zip Code 33131**

**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 *Sandra H. Morham, a director of WLMC Registered Agents, Inc. 4/17/95***

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>HAIMOVITZ, JULES</b>
<b>STREET ADDRESS</b>	<b>12711 VENTURA BLVD</b>
<b>CITY-ST-ZIP</b>	<b>STUDIO CITY CA</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>FURFARO, JOE</b>
<b>STREET ADDRESS</b>	<b>41 WEST PUTNAM AVE</b>
<b>CITY-ST-ZIP</b>	<b>GREENWICH CT</b>
<b>TITLE</b>	<b>CFO</b>
<b>NAME</b>	<b>SIMPSON, LUANN M.</b>
<b>STREET ADDRESS</b>	<b>12000 BISCAYNE BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>PCOB</b>
<b>NAME</b>	<b>LENFEST, H. F "GERRY"</b>
<b>STREET ADDRESS</b>	<b>202 SHOEMAKER RD</b>
<b>CITY-ST-ZIP</b>	<b>POTTSTOWN PA</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>FLINT, PETER A.</b>
<b>STREET ADDRESS</b>	<b>12000 BISCAYNE BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>CCEO</b>
<b>NAME</b>	<b>MICHAELS, PATRICK J JR.</b>
<b>STREET ADDRESS</b>	<b>101 E KENNEDY BLVD, S-3300</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>Alan McGlade</b>	
<b>1.3 STREET ADDRESS</b>	<b>1221 Collins Ave.</b>	
<b>1.4 CITY-ST-ZIP</b>	<b>Miami Beach, FL 33139</b>	
<b>2.1 TITLE</b>	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>Les Garland</b>	
<b>2.3 STREET ADDRESS</b>	<b>1221 Collins Ave.</b>	
<b>2.4 CITY-ST-ZIP</b>	<b>Miami Beach, FL 33139</b>	
<b>3.1 TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>		
<b>3.3 STREET ADDRESS</b>	<b>1221 Collins Ave.</b>	
<b>3.4 CITY-ST-ZIP</b>	<b>Miami Beach, FL 33139</b>	
<b>4.1 TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>		
<b>4.3 STREET ADDRESS</b>		
<b>4.4 CITY-ST-ZIP</b>		
<b>5.1 TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	<b>Paul Sartain</b>	
<b>5.3 STREET ADDRESS</b>	<b>1221 Collins Ave.</b>	
<b>5.4 CITY-ST-ZIP</b>	<b>Miami Beach, FL 33139</b>	
<b>6.1 TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY-ST-ZIP</b>		

**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 110.07(3)(b), 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: Luann M. Simpson *Luann M Simpson* 4/2/95 (305) 674-5000**