

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # **H75052** (1)

1. Corporation Name

VIDEO JUKEBOX NETWORK, INC.



Principal Place of Business

1221 COLLINS AVE
MIAMI BEACH FL 33139
US

Mailing Address

1221 COLLINS AVE
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified 09/10/1985	3a. Date of Last Report 04/26/1995
4. FEI Number 59-2605267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	2a. Mailing Address
21. [] Street, Apt. #, etc.	26. [] Street, Apt. #, etc.
22. [] City & State	27. [] City & State
23. [] Zip	28. [] Zip
24. [] Country	29. [] Country
25. []	30. []

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE SUITE 2000
MIAMI FL 33131

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 of individual or other person authorized to act as agent

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALAN MCGLADE	
STREET ADDRESS	1221 COLLINS AVE	
CITY-STATE	MIAMI BEACH FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	LES GARLAND	
STREET ADDRESS	1221 COLLINS AVE	
CITY-STATE	MIAMI BEACH FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SIMPSON, LUANN M.	
STREET ADDRESS	1221 COLLINS AVE	
CITY-STATE	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENFEST, H. F "GERRY"	
STREET ADDRESS	202 SHOEMAKER RD	
CITY-STATE	POTTSTOWN PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL SARTAIN	
STREET ADDRESS	1221 COLLINS AVE	
CITY-STATE	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, PATRICK J JR.	
STREET ADDRESS	101 E KENNEDY BLVD, S-3300	
CITY-STATE	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE		
9. TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Hoffman, Luann M.	
11. STREET ADDRESS	1221 Collins Ave.	
12. CITY-STATE	Miami Beach, FL 33139	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE		

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. If 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 Hoffman* Luann M. Hoffman - CFO 1/25/96 305-674-5000

CR2E034 (12/95)