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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P11262 (3)**

1. Corporation Name  
**SILVER KING COMMUNICATIONS, INC.**

Principal Place of Business	Mailing Address
12425 28TH ST N. STE 300 ST PETERSBURG FL 33716 US	12425 28TH ST N. STE 300 ST PETERSBURG FL 33716 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/28/1986</b>	3a. Date of Last Report <b>02/08/1994</b>
4. FEI Number <b>59-2712887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>MCGRATH, JEFFREY</b>
STREET ADDRESS	<b>100 SANGAMON ST.</b>
CITY - ST - ZIP	<b>CHICAGO IL</b>
TITLE	<b>VP</b>
NAME	<b>BOHART, CHARLES</b>
STREET ADDRESS	<b>12425 28TH N., STE. 3000</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VP</b>
NAME	<b>EVANS, ALAN L</b>
STREET ADDRESS	<b>849 CANDOR ROAD</b>
CITY - ST - ZIP	<b>SPENCER NY</b>
TITLE	<b>VTD</b>
NAME	<b>GRANT, STEVEN H</b>
STREET ADDRESS	<b>12425 28TH ST., N., STE. 3000</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>V</b>
NAME	<b>HALFAKER, JOAN E</b>
STREET ADDRESS	<b>12425 28TH ST., N., STE. 3000</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>VS</b>
NAME	<b>DRAYER, MICHAEL</b>
STREET ADDRESS	<b>12425 28TH ST., N., STE 3000</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<b>PO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lawless, James M.</b>	
1.3 STREET ADDRESS	<b>12425 28th St. N. Ste 300</b>	
1.4 CITY - ST - ZIP	<b>St. Petersburg FL 33716</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	<b>Hernandez, Lia Afriat</b>	
2.3 STREET ADDRESS	<b>390 W. Market Street</b>	
2.4 CITY - ST - ZIP	<b>Newark, NJ</b>	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	<b>Centoring, Joseph</b>	
3.3 STREET ADDRESS	<b>12425 28th St. N.</b>	
3.4 CITY - ST - ZIP	<b>St. Petersburg FL 33716</b>	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	<b>Barresi, Vincent F</b>	
4.3 STREET ADDRESS	<b>12425 28th St. N.</b>	
4.4 CITY - ST - ZIP	<b>St. Petersburg FL</b>	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	<b>Green, Michael A</b>	
5.3 STREET ADDRESS	<b>12425 28th St. N.</b>	
5.4 CITY - ST - ZIP	<b>St. Petersburg FL</b>	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	<b>Pillar, Russell I.</b>	
6.3 STREET ADDRESS	<b>12425 28th St. N.</b>	
6.4 CITY - ST - ZIP	<b>St. Petersburg, FL</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)(h), 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: Michael Drayer 4/25/95 813-573-0389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Telephone #