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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002452 (9)
 1. Corporation Name
GENESIS BROADCASTING NETWORK CORPORATION



Principal Place of Business 528 N.W. 157 AVENUE PEMBROKE PINES FL 33028	Mailing Address 528 N.W. 157 AVENUE PEMBROKE PINES FL 33028
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1995		3a. Date of Last Report	
21		26		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip	Country	Zip	Country	29		30	

9. Name and Address of Current Registered Agent

**ORTIZ, EDWIN L
528 N.W. 157 AVENUE
PEMBROKE PINES FL 33028**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	EDWIN LEMUEL ORTIZ	
STREET ADDRESS	528 NW 157 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	V-P/D	<input type="checkbox"/> DELETE
NAME	ROBERTO CRUZ JR.	
STREET ADDRESS	10015 NW 51 TR.	
CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	LOIDA ORTIZ	
STREET ADDRESS	9725 NW 52 ST. #109	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	MARIA DEL C. ARROYO	
STREET ADDRESS	528 NW 157 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	V-S/D	<input type="checkbox"/> DELETE
NAME	JOSE L. GARCES	
STREET ADDRESS	9230 SW 104 ST.	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-22-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)