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Jan 25, 1999 8:00am
Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N95000002452

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**



| | | | | | |
|--------------------------------|----|---------------------|----|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/23/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0791084 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| | | | | X \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing | |
| Country | | Country | | Trust Fund Contribution <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ORTIZ, EDWIN L 528 N.W. 157 AVENUE PEMBROKE PINES FL 33028 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 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 of 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTIZ, EDWIN L | 1.2 NAME | |
| STREET ADDRESS | 528 NW 157TH AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAAMANO, DANIEL | 2.2 NAME | |
| STREET ADDRESS | 448 SUNSET DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAAMANO, CARMEN Y | 3.2 NAME | |
| STREET ADDRESS | 448 SUNSET DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYO, MARIA DEL C | 4.2 NAME | |
| STREET ADDRESS | 528 NW 157TH AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: 1-4-99 Daytime Phone #: (305) 471-8313

CR2E037 (1/98)