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Secretary of State

04-28-1999 90055 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000000779 1. Corporation Name CROSS TV INCORPORATED		
Principal Place of Business 370 CAMINO GARDENS BLVD. BOCA RATON FL 33432	Mailing Address 370 CAMINO GARDENS BLVD. BOCA RATON FL 33432	

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 559878 - 90055 - 45



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/10/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0815185
24 Country	29 Country	Applied For
9. Name and Address of Current Registered Agent		30
VALDES-FAUJ CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		85 Zip Code
		FL

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		DATE
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature req. req. when reinstating)		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE
NAME		President
STREET ADDRESS		12 NAME
CITY-ST-ZIP		MARK A. Kitchar
		13 STREET ADDRESS
		370 W. Camino Gardens Blvd #300
		14 CITY-ST-ZIP
		Boca Raton FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		Vice President
STREET ADDRESS		22 NAME
CITY-ST-ZIP		Robert J. Coyne
		23 STREET ADDRESS
		7400 N.W. 19th St.
		2.4 CITY-ST-ZIP
		Margate FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		Director
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		William Hough
		3.3 STREET ADDRESS
		3881 Crystal Lake Blvd. Unit #1
		3.4 CITY-ST-ZIP
		Pompano Bch, FL 33064
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		Director
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		Carl Mims
		4.3 STREET ADDRESS
		2900 Gateway Dr.
		4.4 CITY-ST-ZIP
		Pompano Bch., FL 33069
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		Director
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		Tim Davidson
		5.3 STREET ADDRESS
		1903 S. Congress Ave Ste # 160
		5.4 CITY-ST-ZIP
		Beynon Bch., FL 33426
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
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 in an attachment with an address, with a I other like empowered.

SIGNATURE: [Signature] **TITLE REQUIRED** 4/23/99 (561)3670703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 st. 226

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