FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Aug 07, 2002 8:00 am Secretary of State DOCUMENT # N9800000779 07-23-2002 90346 047 ****61.25 CROSS TV INCORPORATED Mailing Address Principal Place of Business 370 CAMINO GARDENS BLVD. 370 CAMINO GARDENS BLVD. **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0815185 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE **SUITE 500 EAST** City Zip Code WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITS F Change ■ Addition □ Delete KIELAR, MARK A NAME NAME 370 W. CAMINO GARDEN, BLVD, 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33432** ☐ Delete Change ■ Addition HOUGH, WILLIAM NAME MAME 3881 CRYSTAL LAKE BOULEVARD, UNIT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIF Addition TITLE Huller, Robert 227 Key Rum Rd BARNHARDT, DUANE NAME NAME STREET ADDRESS STREET ADDRESS 3919 CRYSTAL LAKE DR APT 205 CITY-57-71P CITY-ST-ZIP DEERFIELD BEACH FL 33064 Delete ☐ Change ☐ Addition TITLE TITLE MASTRORIO, PETER NAME STREET ADDRESS STREET ADDRESS 5133 HERON PLACE CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental temporal 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 impression and that my name appears in Block 10 or Block 11 if