

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 18, 2004
Secretary of State**

DOCUMENT# N98000000779

Entity Name: CROSS TV INCORPORATED

Current Principal Place of Business:

370 CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

370 CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0815185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIELAR, MARK A
Address: 370 W. CAMINO GARDEN, BLVD. 300
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HOUGH, WILLIAM
Address: 3881 CRYSTAL LAKE BOULEVARD, UNIT #1
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: MASTRORIO, PETER
Address: 5133 HERON PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: BROWN, ANITA
Address: 3000 NW 16TH AVE. D407
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. KIELAR

P

05/18/2004

Electronic Signature of Signing Officer or Director

Date