

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032997 (7)

1. Corporation Name
AMKA BROADCAST NETWORK, INC.



Principal Place of Business: 27873 U.S. HWY. 19 NORTH CLEARWATER FL 34621
Mailing Address: 3338 WINDCHIME BLVD CLEARWATER FL 34621 US

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 07/05/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State: CLEARWATER FL
24. Zip: 34621
25. Country: US
26. Mailing Address: 26 3338 WINDCHIME DR. W.
27. Suite, Apt. #, etc.:
28. City & State: CLEARWATER FL
29. Zip: 34621
30. Country: US

9. Name and Address of Current Registered Agent
**AGELATOS, DARLENE
3338 WINDCHIME DRIVE WEST
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent
81 Name: AGELATOS, SOTRIOS
82 Street Address (P.O. Box Number is Not Acceptable): 27873 US HWY 19 N
83 City: CLEARWATER
84 State: FL
85 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* SOTRIOS AGELATOS
Date: 5/1/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AGELATOS, SOTRIOS	
STREET ADDRESS	27873 U.S. HWY. 19 NORTH	
CITY - ST - ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: 4/29/96 Daytime Phone #: 813-725-5335

CR2E034 (12/95)