

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019694 (3)
 1. Corporation Name
CRE8TV JUICE GROUP MIAMI BEACH, INC.



Principal Place of Business 419 ESPANOLA WAY MIAMI BEACH FL 33139	Mailing Address 419 ESPANOLA WAY MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1997		4. FEI Number 65-0737066		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired 22 City & State		8.75 Additional Fee Required <input type="checkbox"/>	
23 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees <input type="checkbox"/>	
24 Zip	25 Country	28 Zip	29 Country	30	
e. Name and Address of Current Registered Agent GIAMMATTEI, MAURICIO 419 ESPANOLA WAY MIAMI BEACH FL 33139			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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PHILIPSON, MICHAEL	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SB	<input type="checkbox"/>
NAME	GIAMMATTEI, MAURICIO	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPB	<input type="checkbox"/>
NAME	KELSICK, KEVIN	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* Secretary of State 4/29/98

CR2E034 (10/97)