FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20816** **(5)**

1. Corporation Name
THE B-L NETWORK, INC.

Principal Place of Business	Mailing Address
627 E COLLEGE AVE DECATUR GA 30030 US	1209 ORANGE STREET WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/09/1988**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1748295** ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM, MARSHALL	1.2 NAME		
STREET ADDRESS	627 E. COLLEGE AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM, LARRY	2.2 NAME		
STREET ADDRESS	627 E. COLLEGE AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	STERLING, ROD	3.2 NAME		
STREET ADDRESS	627 E. COLLEGE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE	VICE PRESIDENT + DIRECTOR	☒ Change ☐ Addition
NAME	GRAYSON IV, JOEL	4.2 NAME		
STREET ADDRESS	627 E. COLLEGE AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, VAN	5.2 NAME		
STREET ADDRESS	627 E COLLEGE AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	5.4 CITY-ST-ZIP		
TITLE	TREASURER	6.1 TITLE		☐ Change ☒ Addition
NAME	KEVIN MULCRONE	6.2 NAME		
STREET ADDRESS	627 E. COLLEGE AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR, GA. 30030	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)(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: Van K. McCoy, JR. 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008236 CP