SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000003887) 1. Corporation Name

SMG NETWORK, INC.

FILED Jul 22, 1999 8:00 am **Secretary of State**

07-22-1999 90018 025 ***550.00

294003 - 20010 - 53

OMG NE									
Principal Place of Business Mailing Address									
701 MARKET STREET. SUITE 4400 701 MARKET STREET. SUITE					SUITE 4	400			
PHILADELPHIA PA 19106 PHILADELPHIA PA 19106					106			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified			
								08/25/1993	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied Fo	or
21				26				23-2734598 Not Applic	$\overline{}$
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Addition Fee Required	al .
City & State				City & State			•	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip		Country 25	29	Zip Country				This corporation owes the current year Intangible Personal Property. Yes No	,
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	
						81	Name		
RICE, ROBERT				82 Street			Street Add	dress (P.O. Box Number is Not Acceptable)	
ICE PALACE ARENA							0.110017100		
410 CHANNELSIDE DRIVE						83			
TAMPA FL 33602						84	City	85 Zip Code	
the second secon					D4 City			FL S S S S S S S S S	
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 Slopeture typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12. OFFICERS AND DIRECTORS						.1 TITLE		Change Addition	
NAME SUTHERLAND, FRED						1.2 NAME		Change / A	
STREET ADDRESS 1101 MARKET ST						1.3 STREET ADDRESS			Í
OURSELANDING LIAL MARIEMET AL									- 1

PHILADELPHIA PA 19107 CITY-ST-ZIP 1.4 CITY-ST-ZIF 2.1 TITLE Change Addition TITLE DELETE SCHULZE, RICHARD 2.2 NAME NAME 200 W. MADISON 2.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE WESTLEY, HAROLD 3.2 NAME NAME 701 MARKET ST., 4TH FL., 3.3 STREET ADDRESS STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP 3.4 CITY-ST-ZIP D۷ 4.1 TITLE Change Addition ___ DELETE TITLE GINTY, MAUREEN NAME 4.2 NAME 701 MARKET ST 4TH FLOOR 4.3 STREET ADDRESS STREET ADDRESS PHILADELPHIA PA 19106 4.4 CITY-ST-ZIP CITY-ST-ZtP DELETE 5.1 TITLE Change TITLE **BURNS, JOHN** 5.2 NAME NAME 701 MARKET ST, 4TH FLOOR 5.3 STREET ADDRESS STREET AODRESS PHILADELPHIA PA 19106 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITI F 62 NAME NAME 6.3 STREET ADDRESS 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:

215 592 6682