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 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003928 (9)

1. Corporation Name
STARNET INTERACTIVE ENTERTAINMENT, INC.

Principal Place of Business
C/O CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE

Mailing Address
C/O CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 23-2735620 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~MCGLADE, ALAN~~
STREET ADDRESS	~~1332 ENTERPRISE DRIVE~~
CITY-ST-ZIP	~~WEST CHESTER PA 19380~~
TITLE	VS
NAME	BROOKS, HARRY F
STREET ADDRESS	107 WOODBROOK DRIVE
CITY-ST-ZIP	DOUGLASVILLE PA 19518
TITLE	T
NAME	MOHOLLEN, ROBERT
STREET ADDRESS	420 BOW LANE
CITY-ST-ZIP	GILBERTSVILLE PA 19525
TITLE	CD
NAME	LENFEST, H F
STREET ADDRESS	2445 OAKS CIRCLE
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	H.F. Lenfest	
13 STREET ADDRESS	2445 Oaks Circle	
14 CITY-ST-ZIP	Huntingdon Valley, PA 19006	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Vice President	☐ Change ☒ Addition
52 NAME	Samuel W. Morris, Jr.	
53 STREET ADDRESS	1451 County Line Road	
54 CITY-ST-ZIP	Rosemont PA 19010	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Robert W. Mohollen ROBERT W. MOHOLLEN, TREASURER 4/20/94 610-327-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0002211 CP