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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500003650 (7)

## AMERICAN TELEVISION NETWORK, INC.

Principal Place of Business	Mailing Address				
804 GARDENIA DR. DELRAY BEACH FL 33483	904 Gardenia dr. Delray Beach Fl 33483-480				

# **FILED** Apr 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address		f 48848e and 1910s pater 8844 and and mark marks main dans mit and mark marks						
804 GARDENIA DR. SO4 GARDENIA DR. DELRAY BEACH FL 33483-4807		4807						
					3. Date Incorporated or Qualified 07/28/1995	1	te of Last R 12/1996	eport
2. Principal i	Prace of Business	2a. Mailing Address			4. FEI Number		Ag	plied For
21		26			33-0265191		No	ot Applicable
Suite, Apt	t #, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.00	May Re
23		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Count	ry	8. This corporation has liability for			. 199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Yes [		
	9. Name and Address of Curre	nt Registered Agent		41	10. Name and Address of New R	egisterea :	Agent	
	JTERA, CHARLES		8	1 Name				
90-	4 gardenia dr.		8	2 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
DE	ELRAY BEACH FL 33483						· ···	
			8	3				
			6	4 City			85 Zip	Code
			l'	1,	•	FL		
SIGNATURE	Stgriature, typed or printed name of registered a	pent and title if applicable (NOT) ND DIRECTORS	E Registered A	gent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	S IN 12
THILE	PSD	DELETE	1.1 TITLE			<del>-</del> .	☐ Change	Additio
NAME	BUTERA, CHARLES		1.2 NAME	[				
STREET ADDRESS	•		1.3 STRE	ET ADDRESS				
CITY - S1 - ZIP	DELRAY BEACH FL 33483		1.4 City	<del></del>				
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NAME	COHEN, CHARLES		22 NAME	ì				
STREET ADDRESS				et address				
CITY - ST - ZIP	DELRAY BEACH FL 33483	□ DC: FTC	2. 4 CITY				17 05	THE ALLESS
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAMI	· .				
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STREET ADDRESS				ET ADDRESS				
	`		5.4 CITY					
CHY-ST-7P THEE		DELETE	6.4 GHT				Change	Additio
NAME		board revenue to	6.2 NAMI	Į.				
STREET ADDRESS	<u> </u>			ET ADDRESS				
CITY - S1 - 2/P				- ST-7IP				

14. To 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 charged, or on an attachment with an address.

SIGNATURE: