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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000003650 (7)

AMERICAN TELEVISION NETWORK, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			T 10491464 TITUR 40101 DITILI DOLIN DI DOLIN DOL
804 GARDENIA DR. DELRAY BEACH FL 33483		904 GARDENIA DR. DELRAY BEACH FL.	3483		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address			07/28/1995 4. FEI Number Applied For
21 21	race or occurred	26 Maining Address			// // // // // // // // // // // // //
Suite, Apt	#. etc.	Suite, Apt. #, etc.			33-0265191 Not Applicable \$8.75 Additional
22		27			5. Certificate of Stalus Desired Fee Regulred
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Ζιρ	Cou	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🏅 No
	9. Name and Address of Curre	ent Registered Agent		1	10. Name and Address of New Fieglstered Agent
BU	TERA, CHARLES			81 Na	Name
904 GARDENIA DR.				82 Stre	Street Address (P.O. Box Number is Not Acceptable)
DE	LRAY BEACH FL 33483				
				83	
				84 City	Dity 85 Zip Code
11. Pursuant	to the provisions of Sections 697 05	.02 and 607 1508 Florido Co	etutes the al	YOUR DOT	amed corporation submits this statement for the purpose of changing its registered
Office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	le of Florida. Such ch ange w	as authorized	d by the d	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typind or printed name of reger vised as	count and tells of counts while	(NOIL Parietyres	Ancot place	ignature required when reinslating) DATE
12.		ND DIRECTORS	13.	Agent sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 10	LF	Change Addition
NAME	BUTERA, CHARLES		1.2 NA	ME	
STREET ADDRESS	904 GARDENIA DR.		1.3 \$T	REET ADDRE	DAESS
CITY-ST-ZIP	DELRAY BEACH FL 33483			Y-ST-ZIP	
TITLE	Ď	DELETE	2 1 TIT		Change Addition
NAME	COHEN, CHARLES		22 NA	ME	
STREET ADDRESS	904 GARDENIA DR.		23 ST	REET ADDRES	DRESS
CITY-ST-ZIP	DELRAY BEACH FL 33483		1	TY-\$1-Z⊮	
TALE		☐ DELETE	3.1 71		Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 \$1	REE1 ADDRES	RESS
CITY-ST-ZIP			3.4. CI	TY-ST-ZiP	iP
TITLE		DELETE	4.1 TIT		Change Addition
NAME			4. 2 N	ME	
STREET ADDRESS			4.3 S1	REET ADDRES	IAESS
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	<u>P</u>
TITLE		DELETE	5.1 T/I	LF	Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 ST	REET ADDRES	RESS
CITY-ST-Z#P			5.4 CIT	Y-S1-ZIP	P
TITLE		DELETE	5.1 TIT		☐ Change ☐ Addilion
NAME			6.2 NA	ME	, _
STREET ADDRESS				REE1 ADDRES	RESS
CITY-ST-7IP				V. ST. 71D	

14. Thereby 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 eath; 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 13 if changed, or on an attachment with an address.