

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

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # F96000000632 (7)

1. Corporation Name
ALPHASTAR TELEVISION NETWORK INC.



02/07/1995

Principal Place of Business
775 MAIN STREET EAST
MILTON, ONTARIO CAN L9T 3Z3

Mailing Address
775 MAIN STREET EAST
MILTON, ONTARIO CAN L9T 3Z3

3. Date Incorporated or Qualified 02/07/1995	3a. Date of Last Report
4. FEI Number 06-1431245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BAHNMAN, ALVIN G	
STREET ADDRESS	775 MAIN STREET EAST	
CITY - ST - ZIP	MILTON ONTARIO CANADA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILKINSON, JAMES	
STREET ADDRESS	775 MAIN STREET EAST	
CITY - ST - ZIP	MILTON ONTARIO CANADA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLIPPENSTEIN, MURRAY	
STREET ADDRESS	775 MAIN STREET EAST	
CITY - ST - ZIP	MILTON ONTARIO CANADA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIESSEN, REGINALD	
STREET ADDRESS	775 MAIN STREET EAST	
CITY - ST - ZIP	MILTON ONTARIO CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAHNMAN, ALVIN G.	
1.3 STREET ADDRESS	7316 BELL SCHOOL LINE RR#6	
1.4 CITY - ST - ZIP	MILTON, ONTARIO, CANADA L9T-2Y1	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILKINSON, JAMES	
2.3 STREET ADDRESS	535 LAKESHORE ROAD W.	
2.4 CITY - ST - ZIP	ORVILLE, ONTARIO, CANADA	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KLIPPENSTEIN, MURRAY	
3.3 STREET ADDRESS	42 FAIRVIEW FARM	
3.4 CITY - ST - ZIP	REDDING, CONNECTICUT 06896	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	JACOB, STUART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACOB, STUART	
5.3 STREET ADDRESS	15 JAMES WAY	
5.4 CITY - ST - ZIP	GREENWICH, CONNECTICUT 06831	
6.1 TITLE	PAPA, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAPA, JAMES	
6.3 STREET ADDRESS	15 JAMES WAY	
6.4 CITY - ST - ZIP	GRANITE SPRINGS, NEW YORK 10527	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James Wilkinson, Secretary
February 25th 1997
1997/05-878-8181
Daytime Phone # 0528977

CR2E034 (9/96)