

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005167 (9)**

1. Corporation Name
CHANNEL 2 STORE OF KNOWLEDGE CO.



Principal Place of Business 2695 E. DOMINGUEZ ST. CARSON CA 90749	Mailing Address 2695 E. DOMINGUEZ ST. CARSON CA 90810-1348
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3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
4. FEI Number 65-0672584	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business THE FALLS	2a. Mailing Address
21 8888 SOUTHWEST 136TH ST.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 535	27
City & State	City & State
23 MIAMI FL	28
Zip	Zip
24 33176	29 90749
Country	Country
25 USA	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MICHAEL A	1.2 NAME	
STREET ADDRESS	2695 E DOMINGUEZ ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, LAURA	2.2 NAME	
STREET ADDRESS	2695 E DOMINGUEZ ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, ANNE E	3.2 NAME	
STREET ADDRESS	2695 E DOMINGUEZ ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIGEL, RON	4.2 NAME	
STREET ADDRESS	2695 E DOMINGUEZ ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTINI, RON	5.2 NAME	
STREET ADDRESS	2695 E DOMINGUEZ ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LORI COELHO
STREET ADDRESS		6.3 STREET ADDRESS	2695 E. DOMINGUEZ ST.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CARSON, CA 90749

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: *Lori Coelho* **2/21/97 (310) 885-3242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)