

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005167 (9)

1. Corporation Name

CHANNEL 2 STORE OF KNOWLEDGE CO.



Principal Place of Business

8888 SOUTHWEST 136TH STREET  
MIAMI FL 33176  
US

Mailing Address

2695 E. DOMINGUEZ ST.  
CARSON CA 90749  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 16069 SHOEMAKER AVE.

27 Suite, Apt. #, etc.

28 City & State

29 90703 30 USA

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0672584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME KAPLAN, MICHAEL A  
STREET ADDRESS 2895 E DOMINGUEZ ST  
CITY-ST-ZIP CARSON CA

TITLE PD ☒ DELETE

NAME WYNNE, LAURA  
STREET ADDRESS 2895 E DOMINGUEZ ST  
CITY-ST-ZIP CARSON CA

TITLE VST ☐ DELETE

NAME MCLAUGHLIN, ANNE E  
STREET ADDRESS 2895 E DOMINGUEZ ST  
CITY-ST-ZIP CARSON CA

TITLE D ☒ DELETE

NAME COELHO, LORI  
STREET ADDRESS 2895 E DOMINGUEZ ST  
CITY-ST-ZIP CARSON CA

TITLE D ☒ DELETE

NAME CANTINI, RON  
STREET ADDRESS 2895 E DOMINGUEZ ST  
CITY-ST-ZIP CARSON CA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 16069 SHOEMAKER AVENUE

1.3 STREET ADDRESS CERRITOS, CA 90703

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DVST ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS 16069 SHOEMAKER AVENUE

3.4 CITY-ST-ZIP CERRITOS, CA 90703

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SUSAN PACINI

6.3 STREET ADDRESS 16069 SHOEMAKER AVENUE

6.4 CITY-ST-ZIP CERRITOS, CA 90703

14. I 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

*Anna E. McLaughlin*

4/15/98 (72) 345-1000 X1051

CR2E034 (10/97)