

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

000468

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90161 013 ***150.00

DOCUMENT # F98000001415

1. Corporation Name

HALLMARK ENTERTAINMENT NETWORKS, INC.

Principal Place of Business

1325 AVENUE OF THE AMERICAS 21ST FL
NEW YORK NY 10019

Mailing Address

1325 AVENUE OF THE AMERICAS 21ST FL
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

43-1743244

Applied For

No Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6430 S. Fiddlers Green Cir.

Suite, Apt. #, etc.

22

City & State

23 Englewood, CO

Zip Country

24 80111

25

USA

2a. Mailing Address

26 6430 S. Fiddlers Green Cir.

Suite, Apt. #, etc.

27

City & State

28 Englewood, CO

Zip Country

29 80111

30

USA

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

FL

85 Zip Code

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 ☐ DELETE

NAME
STEIN, GEORGE
STREET ADDRESS
5670 GREENWOOD PLAZA BLVD
CITY-STATE-ZIP
ENGLEWOOD CO

TITLE ☐ DELETE

NAME
WHITTAKER, JUDITH
STREET ADDRESS
2501 MCGEE TRAFFICWAY
CITY-STATE-ZIP
KANSAS CITY MO

TITLE ☐ DELETE

NAME
MCKINNEY, E B
STREET ADDRESS
2501 MCGEE TRAFFICWAY
CITY-STATE-ZIP
KANSAS CITY MO

TITLE ☐ DELETE

NAME
GAL, PETER V
STREET ADDRESS
1325 AVENUE OF THE AMERICAS 21ST FL
CITY-STATE-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
GUIDO, ANTHONY W
STREET ADDRESS
1325 AVENUE OF THE AMERICAS 21ST FL
CITY-STATE-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
HALMI JR, ROBERT A
STREET ADDRESS
1325 AVENUE OF THE AMERICAS 21ST FL
CITY-STATE-ZIP
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other life empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

4-27-99

Date

(303) 220-7990

Daytime Phone #

CR2E034 (11/98)