FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K15727** **(6)**

1. Corporation Name

KIDS' CHOICE BROADCASTING NETWORK, INC.

Principal Place of Business	Mailing Address
% MATTHEW L. LEIBOWITZ 1 SE 3RD AVENUE STE 1450 MIAMI FL 33131-1710	% MATTHEW L. LEIBOWITZ 1 SE 3RD AVENUE STE 1450 MIAMI FL 33131-1710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0036555	Applied For / Not 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

LEIBOWITZ, MATTHEW L.
ONE SE 3RD AVE/SUITE 1450
MIAMI FL 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DVAS
NAME	LEIBOWITZ, MATTHEW L.
STREET ADDRESS	1 SE 3RD AVE STE 1450
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	WAIN, NORMAN
STREET ADDRESS	1818 OHIO SAVINGS PLAZA
CITY-ST-ZIP	CLEVELAND OH
TITLE	DST
NAME	WEISS, ROBERT
STREET ADDRESS	1680 QUEEN ANN'S GATES
CITY-ST-ZIP	WESTLAKE OH
TITLE	D
NAME	YARROW, PETER
STREET ADDRESS	27 W 67 ST
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	SPENCER, JOHN
STREET ADDRESS	1 SE 3RD AVENUE, SUITE 1450
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SCHAEFFER, CHARLES
STREET ADDRESS	850 EUCLID AVE, SUITE 1100
CITY-ST-ZIP	CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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

4/26/95 305-530-1322

0131788 CP