

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
02/22/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FET 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 file if applicable

(NOTE: Registered Agent signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k) 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 617, 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

6/24/96

305-530-1329

CR2E034 (3/96)