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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
**% MATTHEW L. LEIBOWITZ
1 SE 3RD AVENUE STE 1450
MIAMI FL 33131-1710**

Mailing Address
**% MATTHEW L. LEIBOWITZ
1 SE 3RD AVENUE STE 1450
MIAMI FL 33131-1714**

3. Date Incorporated or Qualified
02/22/1988

3a. Date of Last Report
07/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0036555	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, MATTHEW L.	1.2 NAME	
STREET ADDRESS	1 SE 3RD AVE STE 1450	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAIN, NORMAN	2.2 NAME	
STREET ADDRESS	1818 OHIO SAVINGS PLAZA	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH	2.4 CITY- ST- ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ROBERT	3.2 NAME	
STREET ADDRESS	1680 QUEEN ANN'S GATES	3.3 STREET ADDRESS	
CITY- ST- ZIP	WESTLAKE OH	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARROW, PETER	4.2 NAME	
STREET ADDRESS	27 W 67 ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, JOHN	5.2 NAME	
STREET ADDRESS	1 SE 3RD AVENUE, SUITE 1450	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, CHARLES	6.2 NAME	
STREET ADDRESS	850 EUCLID AVE, SUITE 1100	6.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH	6.4 CITY- ST- ZIP	

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: _____ 4/21/97 (205) 530-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)