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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K15727

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 33131-1710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1988

4. FEI Number

65-0036555

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
LEIBOWITZ, MATTHEW L.
1 SE 3RD AVE STE 1450
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WAIN, NORMAN
1818 OHIO SAVINGS PLAZA
CLEVELAND OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
WEISS, ROBERT
1680 QUEEN ANN'S GATES
WESTLAKE OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YARROW, PETER
27 W 67 ST
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPENCER, JOHN
1 SE 3RD AVENUE, SUITE 1450
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHAEFFER, CHARLES
850 EUCLID AVE, SUITE 1100
CLEVELAND OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 (305) 530-1322

CR2E034 (11/98)