

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K85515** (0)  
1. Corporation Name  
**CPN TELEVISION, INC.**

Principal Place of Business <b>% ARNOLD STUART 14375 MEYERLAKE CIRCLE CLEARWATER FL 34620-2839</b>	Mailing Address <b>% ARNOLD STUART 14375 MEYERLAKE CIRCLE CLEARWATER FL 34620-2839</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>% STUART ARNOLD 21 13773 ICOT BLVD. Suite, Apt. #, etc. 22 SUITE 505 City &amp; State 23 CLEARWATER, FLORIDA Zip 24 33760</b>		2a. Mailing Address <b>% STUART ARNOLD 26 13773 ICOT BLVD. Suite, Apt. #, etc. 27 SUITE 505 City &amp; State 28 CLEARWATER, FLORIDA Zip 29 33760</b>		3. Date Incorporated or Qualified <b>04/28/1989</b>	
25 PINELLAS		30 PINELLAS		4. FEI Number <b>59-2949145</b>	
9. Name and Address of Current Registered Agent <b>ARNOLD, STUART W. 14375 MEYERLAKE CIRCLE CLEARWATER FL 34620</b>		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>13773 ICOT BLVD., SUITE 505</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		83			
		84 City <b>CLEARWATER</b>		85 Zip Code <b>FL 33760</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, STUART W.</b>	1.2 NAME	
STREET ADDRESS	<b>14375 MEYERLAKE CIR</b>	1.3 STREET ADDRESS	<b>13773 ICOT BLVD., SUITE 505</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FLORIDA 33760</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

3/12/98

CR2E034 (10/97)