

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L87340 (0)
1. Corporation Name
INTERAXX TELEVISION NETWORK, INC.



Principal Place of Business Mailing Address
10800 BISCAYNE BLVD CHANGED 10800 BISCAYNE BLVD CHANGED
800 800
N MIAMI FL 33161 N MIAMI FL 33161
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1191 E. Newport Center Drive 26 Same as in 21
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 212 27 Same as in 22
City & State City & State
23 Deerfield Beach, FL 28 Same as in 23
Zip Country Zip Country
24 33442 25 USA 29 Same as 24 30 Same as 25

3. Date Incorporated or Qualified
07/17/1990
4. FEI Number
65-0216226
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent in 24
BAYER, NEIL CHANGED
2937 SW 27TH AVENUE
SUITE 106
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83 Plantation, FL
84 City FL 85 Zip Code 33324

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 See attached copy of filed Statement of Change
(Signature typed or printed name of registered agent and 15% if applicable) (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President & Director
NAME	RHOADES, DONALD	1.2 NAME	Charlotte Bouchard
STREET ADDRESS	233 POINCIANA ISLAND DR	1.3 STREET ADDRESS	660 Pine Ridge Terr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Davie, FL 33325
TITLE		2.1 TITLE	Director
NAME		2.2 NAME	Janus Gouth
STREET ADDRESS		2.3 STREET ADDRESS	1191 E. Newport Center Drive, Ste 212
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		3.1 TITLE	Gary Arlen
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	1191 E. Newport Center Drive, Ste 212
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Ronald Drucker
STREET ADDRESS		4.3 STREET ADDRESS	1191 E. Newport Center Drive, Ste 212
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Thomas Cochran, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	1191 E. Newport Center Drive, Ste 212
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Wallace Snedeker
STREET ADDRESS		6.3 STREET ADDRESS	1191 E. Newport Center Drive, Ste 212
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deerfield Beach, FL 33442

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.

CR2E034 (10/97)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Interaxx Television Network, Inc.

2. The mailing address of the corporation is: 11713 NW 39th Street
Coral Springs, Florida 33065

3. Date of incorporation/qualification: July 17, 1990 Document number: _____

4. The name and address of the current registered agent and office:

Neil Bayer

2937 SW 27th Avenue, Suite 106

Miami, FL 33133

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

2/2/98
(Date)

Charlotte Bouchard, President & CEO

2/2/98

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

2-6-98
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***