


FILE NOW: FILING FEE IS \$61.25

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Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90005 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22601 1. Corporation Name FRIENDSHIP NETWORK, INC.					
Principal Place of Business C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231			Mailing Address C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231		



2. Principal Place of Business 21 1492 NW 196 St Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip Country 24 33169 25 Wade		2a. Mailing Address 26 P.O. Box 69-3143 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33169 30 Wade		3. Date Incorporated or Qualified 09/21/1987 4. FEI Number 65-0047154 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent THOM, JILLIAN 700 NW 214 STREET #321 MIAMI FL 33169		10. Name and Address of New Registered Agent 81 Name Thom, Jillian 82 Street Address (P.O. Box Number is Not Acceptable) 4300 Sheridan St. #138 83 84 City Hollywood FL 85 Zip Code 33021	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE *July 2, 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTATO, PHILLIP	1.2 NAME	
STREET ADDRESS	227 NE 17TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVES, JUDY	2.2 NAME	
STREET ADDRESS	1000 SW 84TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33139	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	3.2 NAME	
STREET ADDRESS	1000 SW 84TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, CAROL H	4.2 NAME	
STREET ADDRESS	227 NE 17TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132-1231	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEL, FRED	5.2 NAME	
STREET ADDRESS	6273 SW 72 ST #D6	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVES, JUDY	6.2 NAME	
STREET ADDRESS	1000 SW 84TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	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 617, 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]* SIGNATURE REQUIRED *July 2, 1999*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)