


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90055 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000000779 1. Corporation Name CROSS TV INCORPORATED		
Principal Place of Business 370 CAMINO GARDENS BLVD. BOCA RATON FL 33432	Mailing Address 370 CAMINO GARDENS BLVD. BOCA RATON FL 33432	

559878 - 90055 - 45



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/10/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0815185
24 Country	29 Country	Applied For
9. Name and Address of Current Registered Agent		30
VALDES-FAUJ CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401		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
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		85 Zip Code
		FL

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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature req. (see when reinstating))			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	President
STREET ADDRESS		13 STREET ADDRESS	MARK A. Kitchar
CITY-ST-ZIP		14 CITY-ST-ZIP	370 W. Camino Gardens Blvd #300 Boca Raton FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Vice President
STREET ADDRESS		23 STREET ADDRESS	Robert J. Coyne
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7400 N.W. 19th St. Margate FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	William Hough
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3881 Crystal Lake Blvd. Unit #1 Pompano Bch, FL 33064
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Carl Mims
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2900 Gateway Dr. Pompano Bch., FL 33069
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Tim Davidson
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1903 S. Congress Ave Ste # 160 Beynton Bch., FL 33426
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for an attachment with an address, with a I other like empowered.

SIGNATURE: *[Signature]* **TITLE REQUIRED** 4/23/99 (561)3670703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 st. 226

CR2E037 (1/98)