

APPROVED
AND
FILED

99 OCT 25 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006750 1. Corporation Name CELEBRITIES BENEFIT NETWORK, INC. <i>Community</i>			
Principal Place of Business 535 Central Avenue - #401 St. Petersburg, FL 33701		Mailing Address	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	3737 Central Ave
23	City & State	27	City & State
24	Zip	28	St. Petersburg FL
25	County	29	Zip
30	U.S.	30	U.S.
3. Date Incorporated or Qualified		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificates of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER 343 Almeria Avenue Coral Gables FL 33134		10. Name and Address of New Registered Agent 81 Name Darryl E. Rouson 82 Street Address (P.O. Box Number is Not Acceptable) 535 Central Avenue 83 84 City St. Petersburg, FL 85 Zip Code 33701	
11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes. SIGNATURE <i>Darryl E. Rouson</i> Darryl E. Rouson DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Secretary - D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Sacino	1.2 NAME	
STREET ADDRESS	235 Central Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33701	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Ogantade	2.2 NAME	Redney Johnson
STREET ADDRESS	535 Central Ave. #402	2.3 STREET ADDRESS	2584 58th Ave. So. Delete
CITY-ST-ZIP	St. Petersburg, FL 33701	2.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	President - D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darryl E. Rouson, Esq.	3.2 NAME	
STREET ADDRESS	535 Central Ave. #402	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33701	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ERIC Green K-D
STREET ADDRESS		4.3 STREET ADDRESS	2530 9th St. S, Suite 4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg FL 33705
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	

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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: *Darryl E. Rouson* **Darryl E. Rouson** 6/17/99 6/17/99-377