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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19018 (1)

1. Corporation Name

CPA-TV NETWORK, INC.

Principal Place of Business

1421 W. MOCKINGBIRD LN
SUITE 100
DALLAS TX 75247-4957

Mailing Address

1421 W. MOCKINGBIRD LN
SUITE 100
DALLAS TX 75247-49573. Date Incorporated or Qualified
04/27/19883a. Date of Last Report
03/27/19964. FEI Number
94-3054316Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 14860 Montfort Drive
Suite, Apt. #, etc.

22 150

City & State

23 DALLAS Texas

Zip

24 75240

Country

2a. Mailing Address

26 14860 Montfort Drive
Suite, Apt. #, etc.

27 150

City & State

28 DALLAS Texas

Zip

29 75240

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MOSS, BILL
STREET ADDRESS 1421 W MOCKINGBIRD LN #100
CITY-ST-ZIP DALLAS TXTITLE VSD ☐ DELETE
NAME JOHNSON, BRENT
STREET ADDRESS 325 W COLLEGE
CITY-ST-ZIP TALLAHASSEE FLTITLE D ☐ DELETE
NAME DUNLEAVY, JOHN
STREET ADDRESS 275 SHORELINE DRIVE
CITY-ST-ZIP REDWOOD CITY CATITLE D ☒ DELETE
NAME MALONE, KAREN
STREET ADDRESS 222 S RIVERSIDE PLAZA #1800
CITY-ST-ZIP CHICAGO ILTITLE D ☐ DELETE
NAME SCHMELKIN, ALAN
STREET ADDRESS 200 PARK AVENUE 10TH FLOOR
CITY-ST-ZIP NEW YORK NYTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Jo Ann Benzer
4.3 STREET ADDRESS 222 S. Riverside Plaza #1800
4.4 CITY-ST-ZIP Chicago, IL 606065.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

W. Thomas R. Moss

2/11/97

(972) 687-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076582

CR2E037 (9/96)