

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90024 013 \*\*\*\*61.25

**DOCUMENT # P19018**

1. Corporation Name

**CPA-TV NETWORK, INC.**

Principal Place of Business

14860 MONTFORT DR  
150  
DALLAS TX 75240  
US

Mailing Address

14860 MONTFORT DR  
150  
DALLAS TX 75240  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

**04/27/1988**

4. FEI Number

**94-3054316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**MOSS, BILL**

STREET ADDRESS

**1421 W MOCKINGBIRD LN #100**

CITY-ST-ZIP

**DALLAS TX**

☒ DELETE

TITLE

VSD

**JOHNSON, BRENT**

STREET ADDRESS

**325 W COLLEGE**

CITY-ST-ZIP

**TALLAHASSEE FL**

☐ DELETE

TITLE

D

**DUNLEAVY, JOHN**

STREET ADDRESS

**275 SHORELINE DRIVE**

CITY-ST-ZIP

**REDWOOD CITY CA**

☐ DELETE

TITLE

D

**BENZER, JOANN**

STREET ADDRESS

**222 S RIVERSIDE PLAZA #1600**

CITY-ST-ZIP

**CHICAGO IL**

☐ DELETE

TITLE

D

**FRIMETA KASS**

STREET ADDRESS

**200 PARK AVENUE 10TH FLOOR**

CITY-ST-ZIP

**NEW YORK NY**

☐ DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PSD**

☐ Change ☒ Addition

1.2 NAME

**Woods, Kay**

1.3 STREET ADDRESS

**14860 Montfort Drive, #150**

1.4 CITY-ST-ZIP

**Dallas, TX 75240**

2.1 TITLE

**VD**

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**32314**

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**94065**

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

**Jennifer Schultz**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**60606**

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

**Frimeta Kass**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**10166-0010**

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Kay Woods** **SIGNATURE REQUIRED** **Kay Woods, President/Secretary** **4/12/99 (972)687-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **8500**

CR2E037-(11/98)