FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032279 (9)

1. Corporation Name
CARIBBEAN NETWORK AFFILIATES, INC.

Principal Place of Business	Mailing Address
19032 N.E. 29TH AVE. NORTH MIAMI BEACH FL 33180	19032 N.E. 29TH AVE. NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc: 18999 BISCAYNE BLVD
23 City & State: NORTH MIAMI BEACH
24 Zip: 33180
25 Country: DADE

2a. Mailing Address
26 18999 Biscayne Blvd. Suite 205
27 Suite, Apt. #, etc: No. Miami Beach, FL.
28 City & State: 33180 DADE
29 Zip:
30 Country:

4. FEI Number: 65-0481523 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITEHEAD, BENJAMIN D
19032 N.E. 29TH AVE.
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 18999 Biscayne Blvd
83 NORTH MIAMI BEACH 33180
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WHITEHEAD, BENJAMIN D
STREET ADDRESS	19032 N.E. 29TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	SVD
NAME	KENNEDY, ROSARIO
STREET ADDRESS	19032 N.E. 29TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	18999 Biscayne Blvd	
1 CITY-ST-ZIP	No Miami Beach, FL 33180	
2 TITLE		☒ Change ☐ Addition
2 NAME		
2 STREET ADDRESS	18999 Biscayne Blvd	
2 CITY-ST-ZIP	No Miami Beach, FL 33180	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 ~~or Block 13 if changed, or on an attachment with an address.~~

SIGNATURE: Benjamin D. Whitehead President — B.D. Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95 — Daytime Phone: 305-470-9560

0107444 CP