2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

ANNUAL REPORT	Secretary of State
DOCUMENT # P9400036667 1. Entity Name CHANNEL NETWORKS, INC.	Secretary of State
Principal Place of Business 3230 NW 112 AVENUE CORAL SPRINGS, FL 33065 US Mailing Address PO BOX 9697 CORAL SPRINGS, FL 33075	s us
DO NOT WRITE IN THIS SPA	04112005 No Chg-P CR2E034 (10/03)
6, Name and Address of Current Registered Agent PARKER, DENNIS 3230 NW 112 AVENUE CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, byed or printed name of registered agent and tile if applicable INOTE, Registered agent senature required when ranstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Added to Fees	
10. OFFICERS AND DIRECTORS IITLE P NAME PARKER, DENNIS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 IITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065	000000305732 04/14/05-80098-003 158.75
TITLE MANAGE STRIEET ADDRESS CITY-ST ZIP TITLE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CHY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the	e exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information
indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an address, with all other like empowered	ignature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: