


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90036 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000003771 1. Corporation Name CONTRACT PROGRAMMING SERVICES, INC.			
Principal Place of Business 20547 OLD CUTLER RD., SUITE 101 MIAMI FL 33189		Mailing Address 20547 OLD CUTLER RD., SUITE 101 MIAMI FL 33189	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1616 W. CAPE CORAL PKWY. Suite, Apt. #, etc. 22 238 City & State 23 CAPE CORAL, FL Zip Country 24 33914 25 USA		2a. Mailing Address 26 1616 W. CAPE CORAL PKWY. Suite, Apt. #, etc. 27 238 City & State 28 CAPE CORAL, FL Zip Country 29 33914 30 USA	
3. Date Incorporated or Qualified 01/12/1995		4. FEI Number 65-0576733	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent NAYLOR, BRUCE 6048 N.W. 53RD STREET CORAL SPRINGS FL 33067		10. Name and Address of New Registered Agent 81 Name CARMEN A. CANCEL 82 Street Address (P.O. Box Number is Not Acceptable) 83 628 STEVELYNN CIRCLE 84 City WINTER GARDEN FL 85 Zip Code 34787	
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 <i>[Signature]</i> DATE 5/30/99			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		6.1 TITLE 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

941-541-9704

Daytime Phone #

CR2E034 (1/198)