## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000061282 (6)

TEEN SPORTS NETWORK, INC.

Principal Place of Business

DOCUMENT #
1. Corporation Name

Mailing Address

4317 NORTH STATE ROAD 7

4317 NORTH STATE ROAD 7



LAUDERDALE LAKES FL 33319		LAUDERDALE LAKES FL 33319						
					3. Date incorporated or Qualified 08/08/1995	3a. Date	of Las	t Report
	ace of Business	2a. Mailing Address			4. FEI Number		T	Applied For
21 Suite Ant heate		26			65-0612391			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible ta		
24	25	29	30		Florida Statutes			
	9. Name and Address of Curre	nt Hegistered Agent	81		10. Name and Address of New Re	gistered /	gent	
DEMUA	RD, SANFORD N		81	Name				
		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	-		
ŠUITE 4	E. 191ST STREET		83					
	I BEACH FL 33180		63					
A MINIM	I DEACH FL 33 IOU		84	City			85	Zip Code
11 Pursuant t	o the provisions of Sections 607 050	2 and 607 1609. Florida Otat da				<u> </u>		,
C + g	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ioa. Obon charge was aigino ze	ed by the corp	partied corpor pration's boar	ation submits this statement for the purp rd of directors. I horeby accept the appo	ose of cha intment as	nging i registe	ts registered office red agent. I am
SIGNATURE .	Signature, typed or printed name of registered agen	Land tille ir applicable (NOT	FE: Registered Agen	t signature require	d when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS IN 12
TITLE	D	DELETE	1. 1 TIFLE		President	Ë	] Chan	ge 🔀 Addition
REINHARD, SANFORD N			1.2 NAME		Andrea S. Corn			
STREET ADDRESS	2875 N.E. 191ST STREET S		1.3 STREET ADDRESS		4317 N. State Road 7			
CITY - ST - ZIP	NORTH MIAMI BEACH FL 3:		1.4 CHY-\$	1 - 7IP	Ft. Lauderdale, FL 3	3319		
TITLE	☐ DELETE		2.1 TITLE	ļ	, , , , , , , , , , , , , , , , , , , ,	Ë	] Chang	ge Addition
NAME			2 2 NAME					
STREET ADDRESS			2 3 STREET	ADDRESS				
CITY-ST-ZIP				T-ZIP				
TITLE	☐ DELETE		3 1 TITLE				) Chang	je 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3. STREET					
CITY-ST-ZIF TITLE		F3 polere	3.4 CHY- S	i ż ZIÞ				
NAME	☐ DELETE		4 1 TITLE				) Chang	e 🔲 Addition
			4 2 NAME					
STREET ADDRESS			4 3 STREET					
CITY-ST-ZIP		DELETE	4.4 CITY-S	1-ZIP				
NAME			5 1 TITLE			L.	] Chang	e Addition
STREET ADDRESS			5.2 NAME					
CITY-ST-ZIP			5 3 STREET		90000183 -05/24/96010	1849	ĬÐ.	
TITLE		DELETE	5 4 CITY - ST 6 1 TITLE	- ZIP	-U5/24/960103			
NAME		L. Dette it	6.2 NAME	1	***200.00	L.	) Chang	e
STREET ADDRESS				ADDDECC				
CITY-ST-ZIP			6.3 STREET					
	y certify that the information supplied	with this filing is voluntarily furnis	6.4 CITY - ST shed and does	not qualify fr	or the exemption stated in Section 119.0	7(3)/k) Flori	da Pta	tutos I further

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR