FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061282 (6)

TEEN SPORTS NETWORK, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4317 NORTH STATE ROAD 7 4317 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0612391 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REINHARD, SANFORD N 2875 N.E. 191ST STREET **B2** Street Address (P.O. Box Number is Not Acceptable) STITE 404 83 N MIAMI BEACH FL 33180 City 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 Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ō	DELETE	1.1 1fTLE	Change A	Addition
NAME	RE INHARD, SANFORD N		1.2 NAME		
STREET ADDRESS	2875 N.E. 191ST STREET SUTIE 404		1.3 STREET ADDRESS		1
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		1.4 CITY-ST-ZIP		
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NAME	CORN, ANDREA S		2.2 NAME		
STREET ADDRESS	4317 NORTH STATE ROAD 7		2.3 STREET ADDRESS	,\$	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		2. 4 C(1) Y - ST - Z(P		
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			I :		- 1

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14. Thereby certify that he 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 avoidal report or supply central annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the exemption or I was four or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in