AMOUNT DUE (NOTICE: CORPORATION WILL BE DI ON OR BEFORE 8/1/96: \$225 (IF DISSOLV PROFIT	FLORIDA DEPART	TO REINSTATE: \$375.) MENT OF STATE		
ANNU	PORATION AL REPORT	Sandra B Secretary	of State		
	1996	DIVISION OF CO	ORPORATIONS		
DOCUN 1. Corporation	MENT # P95000	061290 (9)			
GLOBA	AL MEDIA NETWORK, INC.			I IERNIEM IND NOVEM ARMI BENN BENN BENN BENN BENN BENN BENN BEN	DANN BANK ANDN NAM HIGH IBNY DOK 1891
Principal Place of Business Mailing Address					
3900 S OCE/ SUITE 210					
HOLLYWOOD) FL 33019	HOLLYWOOD FL 33019		3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report
2. Principal Pk	ace of Business		CEANDR	. Applied For	
Suite Apt 4	1. etc 11te 210	Suite Apt #, etc 27 Suite 213)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	wood, FI	City & State 28 Holly wood,	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
² 330	25 Country .S.		Country 25.	This corporation has hability for Elorida Statutes	Yes 🗹 No
sc	9. Name and Address of Current F CHLOSBERG, MINDY B	legistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
3930 N 38TH AVE HOLLYWOOD FL 33021				ddress (P.O. Box Number is Not Acceptab	ole)
•••			83 84 City		85 Zip Code
11. Pursuant I	o the provisions of Sections 607,0502 a	nd 607. 1508, Florida Statutes	s the above-named c	orporation submits this statement for the p	FL burpose of changing its registered
office of re agent. I ar SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida, Such change was au ins of, Section 607.0505, Flor	thorized by the corpo ida Statutes	ration's board of directors. Thereby accep	c the appointment as registered
	Signature, typed or printed name of registered agent a OFFICERS AND I		Rogistered Agent signature in 13.	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE		DELETE	1 1 TIFLE	PRESIDENT	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS	JEFFLEY KAPLAN 3800 S. Ocean Dr. S. Hollywood, FL. 331	oite 210
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Hollywood, FL. 331	oite 210
TITLE		DELETE	2 1 TITLE 2 2 NAME		Change Addition O
NAME STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2 4 CHTY - S1 - ZIP		
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		Change Add-tion
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY+ST+ZIP		
TITLE NAME		DELETE	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T Dr. etc.	4 4 CITY - ST - ZIP		
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE NAME		L DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	CT Ab (13)	THE LIFE RIVE	6.4 C(1Y - SY - ZIP		110 0 2/0 / 11 5
further ce	rity that the information indicated on the	is appual report or supplemen	ntat annual recort is tr	juality for the exemption stated in Section ue and accurate and that my signature sha ered to execute this report as required by	at have the same legal effect as if
	ame appears in Block 12 or Block 13 if o	hanged, or on an attachmen	t with an address	0	aril um alak
SIGNAT	URE: GATURE ADTYPED OF P	NW JEFFER	EY KAPL	AN 8-5-96	704-406-76/2