


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90269 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000096019**

1. Corporation Name  
**VHS NETWORK, INC.**

Principal Place of Business 1599 HURONTARIO ST SUITE 200 MISSISSAUGA, ONTARIO, CANADA L5G-4S1	Mailing Address 1599 HURONTARIO ST SUITE 200 MISSISSAUGA, ONTARIO, CANADA L5G-4S1
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/18/1995**

2. Principal Place of Business 21 <b>228 MATHESON BLVD, E</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>228 MATHESON BLVD, E</b> Suite, Apt. #, etc.
22 City & State <b>MISSISSAUGA, ONTARIO</b>	27 City & State <b>MISSISSAUGA, ONTARIO</b>
23 Zip Country <b>L4Z 1X1 CANADA</b>	29 Zip Country <b>L4Z 1X1 CANADA</b>

4. FEI Number <b>65-0656668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GIORDANO, JOHN M**  
**220 S FRANKLIN ST**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>CATHCART, ELWIN</b>	
STREET ADDRESS	<b>1599 HURONTARIO ST SUITE 200</b>	
CITY-ST-ZIP	<b>MISSISSAUGA, ONTARIO, CANADA L5G-4S1</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 REQUIRED** \_\_\_\_\_ Date **April 12/99** Daytime Phone # \_\_\_\_\_

CR2F034 (1-11-98)