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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthanf

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096149 (6)

PEOPLES ENTERTAINMENT NETWORK, INC.

Principal Place of Business	Mailing Address	
51 S.W. 9 STREET MIAMI FL 33130	51 S.W. 0 STREET Miami Fl 33130-4116	
		<u> </u>

FILED Jun 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			T LEGISORI SEN ININS DESIL NOVE NOVE NOVE AND IN AND SERVICE SOLD FOR SERVICE SERVICES.								
SI S.W. 9 STREET MIAMI FL 33130			51 S.W. 8 STREET MIAMI FL 33130-4116								
							3. Date Incorporated 12/18/1995	or Qualified	1	e of Last I 2/1996	Report
2. Principal Place	e of Business	2a. Mailir 26	ng Address				4. FEI Number APPLIED FO	R 65-06	3863	3 A	pplied For lot Applicable
Suite, Apt. #,	etc.	Suite	Apt. #, etc.				5. Certificate of Stat			\$8.75	Additional leguired
99		27 City 6	& Stato				6. Election Campaig	n Financino			May Be
10		28					Trust Fund Contri	_			l to Fees
Zip	Country	7φ		Cou	ntry		8. This corporation t				s. 199.032,
24	25	29		30]			Florida Statutes		Yes 🗓		
	9. Name and Address of Curre	nt Registered .	Agent		81	Alama -	10, Name and Addre	ss of New Re	gistered A	gent	
	IC, MAX D				81	Name					
	/. 9 STREET FL 33130				82	Street Add	ress (P.O. Box Number is	Not Acceptat	ole)		
4	. • • • • • • • • • • • • • • • • • • •				83						
					84	City			FL	85 Z ip	Codo
office or rea	the provisions of Sections 607.050 istered agent, or both, in the State lamiliar with, and accept the oblig	of Florida, Sur	ch change was a	utharized	d by	tine comora	poration submits this statition's board of directors.	ement for the p I hereby accer	urnose of a	L L changing intment as	its registered s registered
SIGNATURE	nature typed or printed name of registered ag	ant and bile of amplies	atalo (NIC)*I	· Requetores	1 Annu	of cionstias social	ired when reinstating)		DATE		
12.		D DIRECTORS		13.	i Ages	at aig latore requi	ADDITIONS/CHAN	GES TO OFFIC		DIRECTO	RS IN 12
TITLE C			DELETE	11 10	L F			000 10 01110		Change	Addition
NAME C	OLON, WILLIAM			12 NA	ME						
	775 W. 61 PLACE, APT. #20	6		1357	REET	ADDRESS					
CITY-ST-ZIP	IIALEAH FL 33016			1400	TY- \$1	1 - 71P					
TITLE			DELETE	21 111	LI.			-	l.	Change	Addition
NAME				2 2 NA	ME						
STREET ADDRESS				2351	REE1	ADDRESS					
CITY-ST-ZIP	<u> </u>			2. 4 CI		T-ZIP					
TITLE			DELETE	3.1 TIT					L	Change	Addition
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	3.4 CI 4.1 I(I		1 - ZIP				Change	Addition
NAME			- Marie	4. 2 N		ļ				பன்பிக	Augundii
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CIT							
TITLE	<u> </u>		DELETE	5.1 TII						Change	Addition
NAME				5.2 NA					_	•	-
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CH							
	W		DELETE	6.1 TIT						Change	Addition
NAME				6.2 NA	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CH							

14. I do 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 offect as if made under eath; 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.