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FILED

Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000011002 (8)

1. Corporation Name  
C.C.N. SPORTS NETWORK, INC.



Principal Place of Business

7855 NW 12TH STREET #111  
MIAMI FL 33126

Mailing Address

7855 NW 12TH STREET #111  
MIAMI FL 33126-1818

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 601 BRICKELL KEY DR

27 Suite, Apt. #, etc.

28 1080 MIAMI, FL

29 Zip Country

30 33131

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

4. FEI Number

65-0638773

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BOURGIGNIE, P T ESO  
2801 PONCE DE LEON BLVD. #1170  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name JORGE MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
601 BRICKELL KEY DRIVE

83 SUITE 1080

84 City MIAMI

FL

85 Zip Code  
33131

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, 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 I 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)

DATE

6/10/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARTINEZ-ESCOBAR, JORGE  
STREET ADDRESS 601 BRICKELL KEY DRIVE #1080  
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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DELETE

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STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change

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 effect as if made by me. 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 it appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE

1/30/97

CR2E034 (9/96)