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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011002 (8)

C.C.N. SPORTS NETWORK, INC. Principal Place of Business Mailing Address 601 BRICKELL KEY DR. - 7855 NW 12TH STREET -#111 MIAMI FL 00120 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For AVENUE 1200 NW 65-0639773 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 300 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the currept year Intangible 3126 Yes 24 29 ☐ No 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINEZ, JORGE 601 BRICKELL KEY DR. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 1080 83 **MIAMI FL 33131** 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MARTINEZ-ESCOBAR, JORGE NAME 1.2 NAME 601 BRICKELL KEY DRIVE #1080 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 responsibility of 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 desponding or trip 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 change it, or on an attachment with an address.

6.4 CITY-ST-ZIP