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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9600001	1002

Corporation Name

	C.C.N. SP	ORTS NETWORK, INC.								
Prin	ncipal Place o	of Business	Mailing Address							
l	NW 78TH A		601 BRICKELL KEY DR.							
1000							DO NOT WRITE IN THIS SPACE			
I	MI FL 33131		MIAMI FL 33131 US				3. Date Incorporated or Qualifed			ļ
U\$			00				02/05/1996			
L_		- f Duginopp	2a. Mailing Address				4. FEI Number			oplied For
	Principal Plac	ce of Business	26				65-0639773			ot Applicable Additional
21	Suite, Apt. #,	etr	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired
-	Suite, Apt. #	, 0.0.	27				<u> </u>	*		May Be
22	City & State		City & State				6. Election Campaign Financing			to Fees
23	O.G		28				Trust Fund Contribution 8. This corporation owes the current	ont year Inta		
25	Zip	Country	Zip		untry		8. This corporation owes the culti-	ent year mic	1 Yes	□No
24	•	25		30			10. Name and Address of New F	Registered /	Agent	
=		9. Name and Address of Curr	rent Registered Agent		81 Nam		10. 1101110 2112 111		,	
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-	MART	INEZ, JORGE			82 Stree	et Addre	ess (P.O. Box Number is Not Accepta	able)	* * * *	
		BRICKELL KEY DR.			83					
	STE.								ne 7in	Code
		II FL 33131			84 City			FL	. 1	ì
			- 1 007 4500 Florido St	atutes the	above-name	ed corpo	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing i	ts registered
	agent. I an	Signature, typed or printed name of registered	ligations of, Section 607.0505,	Florida Sta	ed by the co atutes. red Agent signatu		d when reinstating)	DATE	<u> </u>	
		Signature, typed or printed name of registered								
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Ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elivery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in charge the with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #