2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am DOCUMENT # P96000011002 **Secretary of State** C.C.N. SPORTS NETWORK, INC. 02-03-2001 90293 035 ***150.00 Mailing Address Principal Place of Business 1200 NW 78TH AVENUE 601 BRICKELL KEY DR. SUITE 300 1080 MIAMI FL 33131 MIAMI FL 33131 U\$ US 2.-Principal Place of Business 3. Mailing Address: Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0639773 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ALLEN & GALEGO** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR. STE. 1080 MIAMI FL 33131 Zip Code City F١ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!_FEE:IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be -Tax-filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE MARTINEZ-ESCOBAR, JORGE NAME NABAE 601 BRICKELL KEY DRIVE #1080 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change HAWILLA, JOSE NAME NAME STREET ADDRESS 601 BRICKELL KEY DRIVE #1080 STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP MIAMI FL 33131 Change TITLE ☐ Addition Delete TITLE SALCEDO, FRANCISCO NAME NAME 601 BRICKELL KEY DRIVE #1080 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CÎTY=ST-7/P Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

13. 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 report or supplemental 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 11 or Block 12 if chapted or on a state-headed or on a state-headed or on a state-headed or on a state-headed or one of the corporation or the receiver of the state of the s changed, or on an attachment with an address, with all other like emp

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

LANCISCO SALCEDO JON 30,2001

FILED