

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000072679 (9)**  
1. Corporation Name  
**CHRISTIAN TELECOMMUNICATION NETWORK, INC.**



Principal Place of Business

**3103 N. 17TH ST.  
TAMPA FL 33605**

Mailing Address

**3103 N. 17TH ST.  
TAMPA FL 33605-1627**

3. Date Incorporated or Qualified  
**08/28/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**59-3440979**

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAPLETON, FRANK  
3103 N. 17TH ST.  
TAMPA FL 33605**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 *Frank Stapleton*

4/2/97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

TITLE **Russell Simmons**  DELETE  
NAME  
STREET ADDRESS **3704 Greenford Street**  
CITY-ST-ZIP **Tampa, Florida**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice-President/Vice Chair.**  Change  Addition  
1.2 NAME **Theus Young**  
1.3 STREET ADDRESS **200 Leslie Drive #209**  
1.4 CITY-ST-ZIP **Hallandale, Florida 33009**

2.1 TITLE **Executive Secretary**  Change  Addition  
2.2 NAME **Sandra Stapleton**  
2.3 STREET ADDRESS **3103 N. 17th Street**  
2.4 CITY-ST-ZIP **Tampa, Florida 33605**

3.1 TITLE **Treasurer**  Change  Addition  
3.2 NAME **Elisa Young**  
3.3 STREET ADDRESS **200 Leslie Drive #209**  
3.4 CITY-ST-ZIP **Hallandale, Florida 33009**

4.1 TITLE **President/Chairman**  Change  Addition  
4.2 NAME **Frank Stapleton**  
4.3 STREET ADDRESS **3103 N. 17th St.**  
4.4 CITY-ST-ZIP **Tampa, Florida 33605**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Frank Stapleton*

CR2E034 (9/96)