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Jun 10 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 # P96000078602 (5)

1. Corporation Name

THE SPEAKERS NETWORK INC.



Principal Place of Business

10484 MATEO COURT
BOCA RATON FL 33498

Mailing Address

10484 MATEO COURT
BOCA RATON FL 33498-6729

2. Principal Place of Business

21 12403 Clearfalls Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 12403 Clearfalls Dr
Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL
Zip Country

24 33428

25 Palm Beach

27 City & State

28 Boca Raton, FL
Zip Country

29 33428

30 Palm Beach

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

4. FEI Number

65-0701215

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

10. Name and Address of New Registered Agent

81 Name

Randy Schlanger

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

12403 Clearfalls Dr

83

84 City

Boca Raton

FL

85 Zip Code

33428

(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, printed name of registered agent and title, if applicable

Randy Schlanger

(NOTE: Registered Agent signature required when reinstating)

DATE

6/4/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHLANGER, RANDY
STREET ADDRESS 10484 MATEO COURT
CITY-ST-ZIP BOCA RATON FL 33498

TITLE D
NAME BROOKS, MARTI
STREET ADDRESS 22405 SW 86TH AVENUE APT. 1601
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Schlanger
1.2 NAME Schlanger, Randy
1.3 STREET ADDRESS 12403 Clearfalls Dr
1.4 CITY-ST-ZIP Boca Raton, FL 33428

2.1 TITLE D
2.2 NAME Brooks, Marti
2.3 STREET ADDRESS 12340 Clearfalls Dr
2.4 CITY-ST-ZIP Boca Raton, FL 33428

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

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

CR2E034 (9/96)