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FILED

May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000024369 (5)
1. Corporation Name

ALPHA WOLF ENTERTAINMENT TELEVISION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 10200
TRAILER D-6
LAKE BUENA VISTA FL 32830

P.O. BOX 10200
TRAILER D-6
LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3436951

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEOD, W. EDWARD
201 SOUTH ORANGE AVENUE
SUITE 1010
ORLANDO FL 32801

81 Name

SAME

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

1551 SANDSPUR RD.

83

84 City

MAITLAND

FL

85 Zip Code

32751

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DERUSHA, JIM
STREET ADDRESS 10020 BRANDON CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

DELETE

TITLE D
NAME ISRAELSON, PETER
STREET ADDRESS 1160 PARK AVE APT 4A
CITY-ST-ZIP NEW YORK CITY NY 10128

DELETE

TITLE D
NAME PALMER, JEFF
STREET ADDRESS 1219 W HARVARD ST
CITY-ST-ZIP ORLANDO FL 32804

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/98

Date

407-560-8030

Daytime Phone #

0102371

CR2E034 (10/97)