

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

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000040014 (7)

1. Corporation Name

HAITIAN TELEVISION NETWORK, INC.



Principal Place of Business

1001 NORTH EAST 125TH STREET
SUITE #212
NORTH MIAMI FL 33161

Mailing Address

1001 NORTH EAST 125TH STREET
SUITE #212
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

65-0822 657

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

2. Principal Place of Business

21 1005 NE 125 ST.

Suite, Apt. #, etc.

212

City & State

N. MIAMI, FLA.

Zip

33161

Country

USA

2a. Mailing Address

26 1005 NE 125 ST.

Suite, Apt. #, etc.

212

City & State

N. MIAMI, FLA.

Zip

33161

Country

USA

9. Name and Address of Current Registered Agent

MANCUSO, CLAUDE
1001 NORTH EAST 125TH STREET
SUITE #212
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MANCUSO, CLAUDE
STREET ADDRESS 1001 NORTH EAST 125TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE VPD ☐ DELETE

NAME MANCUSO, ROSE MARY
STREET ADDRESS 1001 NORTH EAST 125TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

900002623559
-08/24/98--01123--029
***150.00

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 authorized 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]

8/19/98

CR2E034 (10/97)

8/08/98 (2)

WE HAVE MOVED TO 1005 NE 125 ST
SUITE 210 AND THIS LETTER WAS
NEVER RECEIVED AT OUR NEW ADDRESS.

PLEASE TAKE THIS UNDER CONSIDERATION,

THANK YOU

Charles H. T. N.
H. T. N.