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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065768 (8)

WRITERS NETWORK, INC.

-		

FILED

Feb 16 1998 8:00am

Secretary of State

5: : : : : : : : : : : : : : : : : : :			····			{	
Principal Place of Business Mailing Address							
1171 N.W. 97TH DRIVE CORAL SPRINGS FL 33071		1171 N.W. 97TH DE					
		OUTAL OFFICES F	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/28/1997	
	tace of Business	2s. Mailing Address				4. FEI Number	Applied For
21		[26]				59-3055362	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		-	5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	City & Stute				
23		28					5.00 May Be Added to Fees
Z ip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current y	
24	25	29	30			Personal Property Tax due June 30. Yes	
	g, Name and Address of Curren	t Registered Agent				10. Name and Address of New Register d Agen	l .
	ICOLETTA, MELISSA			81 Na	ame		
1'	171 N.W. 97TH DRIVE		1	92 St	treet Addres	ss (P.O. Box Number is Not Acceptable)	.
CORAL SPRINGS FL 33071			<u> </u>				
				63			
			ļ.	B4 Ci	ity	85	Zip Code
Ad Discussion	to the presidence of Sections (SO7 OLO)	2 and 602 \$100 Florida Ct	alulas the en		mad saraa	ration submits this statement for the purpose of char	naina Ita saalataras
office or r	egistered agent, or both, in the State	of Horida, Such change w	as authorized	by the	corporation	n's board of directors. I hereby accept the appointm	ent as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Statu	ites.			
SIGNATURE	Signature, typed or printed harm of regularied age	ng as at silicult e pplicable	NOTE Registered	Agent sig	anature required	when reinstaling) DATE	
12.	OFFICERS AND		13.	_=	Y	ADDITIONS/CHANGES TO OFFICERS AND DIRI	CTORS IN 12
TITLE	D	DELLITE	1.1 1111	.E		· 🗆 🗆 C	hange 🔲 Addition
NAME	NICOLETTA, MELISSA		1.2 NAF	ME			
STREET ADDRESS	1171 N.W. 97TH DRIVE		1.3 STR	REET ADDA	ress		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CIT	Y - ST - 21P	P		····
TITLE		☐ DELETE	2 1 111	LE		Lic	hange 🛄 Addition
NAME			2.2 NA		ì		
STREET ADDRESS				EET ADDE	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-7IP		T SULL		Y-SI-ZI	IP		
TITLE		DECEATE	3.1 TITE				hange Addition
NAME			3.2 NAM				
STREET ADDRESS				REET ADDE	- 1		
CITY-S1-7#: TITLE		DELETE	3.4. CH 4.1 THL	Y-ST-ZIF	P	Fle	hange
NAME		L Mette	4. 2 NA				
STREET ADDRESS			4	KEET ADDF	RESS		
CITY-ST-ZIP				Y-ST- <i>Z</i> IP			
TITLE		DELETE	5.1 TITL				hange Addition
NAME			5 2 NAM	ΛE			
STREET ADDRESS			5.3 STR	EET ADDE	AESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITL	E			hange Addition
NAME			6.2 NAX	ΝE			
STREET ADDRESS			6.3 STR	EE1 ADDF	ress		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	<u> </u>		
	and all the second seco	24 41 1 1 1 1	4 4 44		-4-41 . 0	design and particular file and for the state of the state	

indicated on this annual report or supplies a win this liming docs not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report is supplienced 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: