

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90162 009 \*\*\*150.00

0111029

DOCUMENT # P98000008515

1. Corporation Name  
CBN ENTERPRISES, INC.

Principal Place of Business  
MERRITT ISLAND FL 32952

Mailing Address  
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3492559

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1640 MARS ST

Suite Apt. #, etc.

22 City & State

23 MERRITT ISLAND, FL

Zip

24 32953

Country

25 USA

2a. Mailing Address

26 P.O. Box 926

Suite, Apt. #, etc.

27 City & State

28 CAPE CANAVERAL, FL

Zip

29 32920-0926

Country

30 USA

9. Name and Address of Current Registered Agent

CATHERINE HARRIS  
1000 W. WASHINGTON STREET  
TALLAHASSEE, FL 32304

10. Name and Address of New Registered Agent

81 Name

ANDREA L PRICE

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

1640 MARS ST

83

84 City

MERRITT ISLAND

FL

85 Zip Code

32953

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 Colleen B. Nodurft COLLEEN B. NODURFT

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 PD ☐ DELETE

NAME NODURFT, COLLEEN B

STREET ADDRESS

CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE S ☐ DELETE

NAME OSTERMAN, ANDREA

STREET ADDRESS 1850 MARYSVILLE DR

CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ DELETE

NAME HAWKINS, C.L.

STREET ADDRESS 2413 NE 13TH STREET

CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ DELETE

NAME NODURFT, D.I.

STREET ADDRESS 2051 NE 55TH STREET

CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

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, with all other like empowered.

SIGNATURE: Colleen B. Nodurft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

401 459 1552

Daytime Phone #

CR2E034 (11/98)