

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90080 026 \*\*\*150.00

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|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P98000030550**

1. Corporation Name  
**CIGAR TELEVISION NETWORK, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>3001 EXECUTIVE DRIVE<br/>STE 120<br/>CLEARWATER FL 33762</b> | Mailing Address<br><b>3001 EXECUTIVE DRIVE<br/>STE 120<br/>CLEARWATER FL 33762</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br><b>21 13535 FEATHER SOUND DR.</b> |  | 2a. Mailing Address<br><b>26 13535 FEATHER SOUND DR.</b> |  | 3. Date Incorporated or Qualified<br><b>04/01/1998</b>   |  |
| Suite, Apt. #, etc.<br><b>22 SUITE 220</b>                          |  | Suite, Apt. #, etc.<br><b>27 SUITE 220</b>               |  | 4. FEI Number<br><b>59-3503728</b>   |  |
| City & State<br><b>23 CLEARWATER, FL</b>                            |  | City & State<br><b>28 CLEARWATER, FL</b>                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Zip<br><b>24 33762</b>  |  | Country<br><b>25 US</b>                                  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                              |  |
| Zip<br><b>29 33762</b>  |  | Country<br><b>30 US</b>                                  |  | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**CORNELL, TYLER SCOTT  
3001 EXECUTIVE DRIVE  
STE 120  
CLEARWATER FL 33762**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>KEVIN HARRINGTON</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>80 GULF BLVD.</b> |
| 83  |
| 84 City<br><b>BELLEAIR BEACH</b>  |
| 85 Zip Code<br><b>FL 33786</b>  |

11. Pursuant to the provisions of Sections 607.0602 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

**4/13/99**

| 12. OFFICERS AND DIRECTORS |                             |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-----------------------------|--|--|---|--|--|--|
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | <b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>HARRINGTON, KEVIN</b>    |  |  | 1.2 NAME  | <b>HARRINGTON, TIM</b>                   |  |  |
| STREET ADDRESS             | <b>80 GULF BLVD</b>         |  |  | 1.3 STREET ADDRESS                                    | <b>13535 FEATHER SOUND DR., STE. 220</b> |  |  |
| CITY-ST-ZIP                | <b>BELLEAIR SHORES FL</b>   |  |  | 1.4 CITY-ST-ZIP                                       | <b>CLEARWATER, FL 33762</b>              |  |  |
| TITLE                      | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | <b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>CORNELL, TYLER SCOTT</b> |  |  | 2.2 NAME  | <b>ARTHUR, MEL</b>                       |  |  |
| STREET ADDRESS             | <b>1 SEASIDE LANE</b>       |  |  | 2.3 STREET ADDRESS                                    | <b>13535 FEATHER SOUND DR., STE. 220</b> |  |  |
| CITY-ST-ZIP                | <b>BELLEAIR FL</b>          |  |  | 2.4 CITY-ST-ZIP                                       | <b>CLEARWATER, FL 33762</b>              |  |  |
| TITLE                      | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE   | <b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>CORNELL, CLIFFORD C</b>  |  |  | 3.2 NAME  | <b>RODRIGUEZ, KARL</b>                   |  |  |
| STREET ADDRESS             | <b>22 WRIGHT ROAD</b>       |  |  | 3.3 STREET ADDRESS                                    | <b>34700 PACIFIC COAST HWY., STE 303</b> |  |  |
| CITY-ST-ZIP                | <b>ROCKVILLE CENTRE NY</b>  |  |  | 3.4 CITY-ST-ZIP                                       | <b>CAPISTRANO BEACH, CA 92624</b>        |  |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |  |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             |                             |  |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                             |  |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |  |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             |                             |  |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                             |  |  | 5.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |  |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             |                             |  |  | 6.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                             |  |  | 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/99 (727) 299-0020**

Date

Daytime Phone #

CR2E034 (1/98)