1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ST PETERSBURG FL 33729

### DOCUMENT # P98000050211

1. Corporation Name

KENNETH'S FREAKQUENCY, INC.

Mailing Address Principal Place of Business 1 HSN DRIVE 605 LINCOLN RD

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90286 004 \*1,500.00



MIAMI BEACH FL 33139	ST PETERSBURG FL 33729	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
>	•	05/29/1998
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
21	26 IS2 ω·S/-	= St. 65 - 08 38 3 15 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired  \$8.75 Additional
22	27 42'9 FI	5. Certificate of Status Desired Fee Required
City & State	City & State	6. Election Campaign Financing \$5.00 May Be
23	28 New York, N	Trust Fund Contribution Added to Fees
Zip Country		ountry 8. This corporation owes the current year Intangible
24 25	29 10019 30	USA • Personal Property Tax.
9. Name and Address of Curren	t Registered Agent	10. Name and Address of New Registered Agent
O T CORPORATION OVETTI		81 Name
C T CORPORATION SYSTEM		82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD		
PLANTATION FL 33324		83
		84 City 85 Zip Code
		FL   1
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		
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was authorize	ted by the corporation's board of directors, i hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Registere	red Agent signature required when reinstating) DATE
12. OFFICERS AN	D DIRECTORS 13	
TITLE	☐ OELETE 1.51	TITLE Y D Change Addition
NAME	1.21	ename Genachouse, Julius,
STREET ADDRESS	1.3 5	STREET ADDRESS 152 W. STEST. 42nd F1.
CITY-ST-ZIP	1.4 (	CITY-ST-ZIP   WAS YORK   W/ 1001)
TITLE	☐ DELETE 2.11	TITLE PD Change DAddition
NAME	2.21	NAME Miller, Jonathan
STREET ADDRESS	2.3 \$	STREET ADDRESS 152 W. S7 L G 42ng F1.
CITY-ST-ZIP	2.4	4 CITY-ST-ZIP NEW YOCK, NY 10019
TITLE		TITLE VD Change Addition
NAME	3.21	ENAME Rinzaki Doug
STREET ADDRESS	335	STREET ADDRESS 8800 W. Survet Blud.
		CITY-ST-ZIP W. Hollywood CA 90069
CRY-ST-ZIP	P-1	TITLE Change Addition
NAME		2 NAME Parenter Helen
STREET ADDRESS		STREET ADDRESS READ 4. SUNSEL BIND.
		HOTTY-ST-ZIP W. Hollywood CA 90069
CITY-ST-ZIP		TITLE AC Change Addition
		PHAME Holtzman, It. Steven
NAME		STREET ADDRESS I I I SN DOUC
STREET ADDRESS		ACTIVISTIZIP St. Pateriburo F7 33729
CITY-ST-ZIP		TITILE AT Change Maddition
		[Pi ]
NAME		RNAME MORGAN, LAN BITTEET ADDRESS I HISN PLIVE
STREET ADDRESS		
CITY-ST-ZIP	th this filing does not qualify for the ex	

Indicated on this annual report or supplied will his similar does not quality for the exemption stated in Section 19.07(5)(f), I foliated 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 empowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, error an attachment with an address, with all other like empowered.

SIGNATURE:

### V Binke, Mark 605 Lincoln Road Miami Beach, FL 33139

# P98000050211 512001-90286-37

V Leshem, Matti 605 Lincoln Road Miami Beach, FL 33139

S Bolter, Howard 8800 West Sunset Blvd. West Hollywood, CA 90069

AT Swartz, Jeff 8800 West Sunset Blvd. West Hollywood, CA 90069

AT Morgan, Ken 1 HSN Drive St. Petersburg, FL 33729