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

				·······		
PROFIT	FL	ORIDA DEPARTI	MENT OF STATE			
CORPORATION	(AMARIAN AMARIA)					
ANNUAL REPORT		Secretary	of State	Prof. 4 Cam m	Brot A A Thomas	
1997	DIVISION OF CORPORATIONS			_ FILE	FILED	
DOCUMENT # S91462 1. Corporation Name				97 APR 25 P	97 APR 25 PM 2:5	
1. Corporation Name				1 20	1 20 11 20 1	
Commenity BroadCasting				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Network Inc.				TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Ad	idress		<del></del>		
1260 000	-/					
1000 Cresin Cy.						
Jara Jota 9	Yac 3	1823	6	3. Date Incorporated or Qualified	3a. Date of Last Report	
				11-1-91	5-1-96	
2. Principa-Place of Business	2a. Mailing	Address		4. FEI Number	Applied For	
21   Suite Apt # etc.	26 Suite	Apt. #, etc		65-05/4914	Not Applicable	
22	27	ημι. π. οιο		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City &	State		6. Election Campaign Financing	\$5,00 May Be	
Zip Country	28	·····	Country	Trust Fund Contribution	Added to Fees	
Zip Country <b>25</b>	Zip 29	3	Country ;	8. This corporation has liability for life Florida Statutes	ntangible tax under s. 199.032.  Yes No	
9. Name and Address of C	urrent Registered A		<u> </u>	10. Name and Address of New Re		
Linea word Tr			81 Name			
CONNIE WATE ST.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
LONNIE WORD Jr. 1060 OregON Ct. Sarosota, Fl. 34			83			
Connecte El 34	236					
34105017/111	·		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 60	7 0502 and 607 1508 State of Florida, Such	Florida Statutes	the above named cor	poration submits this statement for the p	urpose of changing its registered	
office or registered agent, or both, in the agent. I am lamitar with, and accept the	obligations of Section	n 907.0505, Florid	ia Statutes.		C 6-6	
SIGNATURE Street on Type I on princed name of register	red agent and title if applicable	2 (NOTE: F	legistered Agent signature requi	ired when reinstating)	DATE	
12. OFFICER	S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
m P / /		DELETE	11 TITLE		☐ Change ☐ Addition	
SHEET ADDRESS 10 60 DOCE	Nr.		1 2 NAME 1 3 STREET ADDRESS	2000021	556020	
Cars 20 Sacra Votal	当/CYNY	234	1.4 City-St-ZIP	-04/25/	9701086019	
11/14		DELETE	21 TITLE	****17	3.75 ****173.75 Change 173. Addition	
NAME			2.2 NAME			
F186(1 Afri. 4 1 S			2 3 STREET ADDRESS			
UTY SS-2P TOD	······································	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition	
NAM-		בן טגנניונ	3.2 NAME	<b>.</b>	5	
97841 ADDR 13			3.3 STREET ADDRESS	mu	<b>と</b>	
CHY SI-78			3.4. CITY-ST-ZIP			
±0,€		DELETE	4.1 TITLE	·	Change Addition	
NAM:			4. 2 NAME			
STREET ADDRESS OF STREET			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
101 £		DELETE	5.1 TITLE		Change Addition	
NAME.			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
(114 · 5 · 7 ·		DELETE	5 4 CHY-\$1-ZIP	MANUAL	Change Addition	
TOTAL TOTAL			6.1 TITLE 6.2 NAME		Change Addition	
STREET ALCORITION			6.3 STREET ADDRESS			
GIV 51 77			6.4 CITY-ST-ZIP			
14. I do heroby certify that the information superformation indicated on this annual report	pplied with this filing.  Tor supplemental and	does not qualify to	or the exemption states	d in Section 119.07(3)(i). Florida Statutes t my signature shall have the same lenal	s. I further certify that the	
Larman officer or director of the corporation appears in Block 12 or Block 13 if change	on or the receiver or '	trustee empowere	ed to execute this repo	rt as required by Chapter 607. Florida S	tatutes; and that my name	
		_ /	1_	11 07		
SIGNATURE:	ED OR PRINTED NAME OF	SIGNING DESICED OF	DIRECTOR	4-25-97	Daytime Phone #	
SIGNATURE AND TYP	CO OR PRINCED NAMPOR	SIGNING OFFICER OF	DOTEO (OF)	Date	Dayimic Enone #	