

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005038 (4)

1. Corporation Name
A+ NETWORK, INC.



Principal Place of Business: **2416 HILLSBORO ROAD NASHVILLE TN 37212**
Mailing Address: **2416 HILLSBORO ROAD NASHVILLE TN 37212**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report 07/07/1995
4. FEI Number 62-1225322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARROLL, JOANNE 2ND FLOOR 401 W. FAIRBANKS AVE. WINTER PARK FL 32789		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ELLIOTT H.	1.2 NAME	
STREET ADDRESS	2416 HILLSBORO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ELLIOT H	2.2 NAME	
STREET ADDRESS	2416 HILLSBORO ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37212	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURREE, BROWNLEE O	3.2 NAME	
STREET ADDRESS	1100 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37202	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, EDWARD G	4.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PIERCE J	5.2 NAME	
STREET ADDRESS	245 PARK AVENUE 3RD FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPKINS, IRBY C	6.2 NAME	
STREET ADDRESS	1100 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37202	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Kerry Allen K... 4/25/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (12/95)