COVER SHEET

S.E.C. Registration Number

GMAN NETWORK INC.

Company's Full Name

GMAN NETWORK CENTER
EDSA CORNER TIMOG AVE.
DILIMAN QUEZON CITY

Atty. Roberto Rafael V. Lucilla
Contact Person

F0HM TYPE
23-A
Month Day
Fiscal Year

Monthly

Annual Meetings
Month Day

Secondary License Type, If Applicable

Dept. Requiring this Doc.

Amended Articles Number/Section

Total No. of Stockholders

Domestic
Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document I.D.

Cashier

STAMPS
Provide the disclosure requirements set forth on page 2 of this form if the reporting person previously owned 5% or more but less than 10%.

<table>
<thead>
<tr>
<th>Name or Business Entity Owned</th>
<th>Address (if a corporation)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Issuer, Member or Director</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Class of Equity Security (a)</th>
<th>Number of Shares (b)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Form (G) or Number (f)</th>
<th>Name of Person Reporting (j)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Report (i)</th>
<th>Address (d)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Footnotes (h)</th>
<th>Notes (k)</th>
</tr>
</thead>
</table>

Form 2-A

Securities and Exchange Commission

Metro Manila, Philippines

Initial Statement of Beneficial Ownership of Securities

REVISED