## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F00000006243

Entity Name: A.SUR NET, INC.

City-St-Zip:

N. MIAMI BEACH, FL 33162

FILED Apr 28, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15950 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162 US **Current Mailing Address: New Mailing Address:** 15950 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162 US FEI Number: 65-1061040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** ( ) Delete Title: PRFS (X) Change ( ) Addition WARNES, DAVID Name: Name: MARTIN, DAVID 15950 WEST DIXIE HGWY 15950 WEST DIXIE HGWY Address: Address: City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: N. MIAMI BEACH, FL 33162 ΕV Title: VΡ (X) Change ( ) Addition Title: () Delete Name: MARTIN, DAVID Name: COLLINS, PETER 15950 WEST DIXIE HWY 15950 WEST DIXIE HWY Address: Address: N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition **EVST** Title: GIORDANO, LOUIS P CARTWRIGHT, DEXTER Name: Name: 15950 WEST DIXIE HWY 15950 WEST DIXIE HWY Address: Address:

Title: ( ) Delete Title: SEC ( ) Change (X) Addition Name: DI TRAGLIA, KRISTIN
Address: Address: 15950 WEST DIXIE HWY
City-St-Zip: N MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

N. MIAMI BEACH, FL 33162

SIGNATURE: DEXTER CARTWRIGHT VP 04/28/2003