
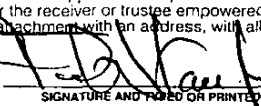


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90254 012 \*\*\*150.00

DOCUMENT # F04000005240			
1. Entity Name GROW.NET, INC.			
Principal Place of Business 386 PARK AVENUE SOUTH, 15TH FLOOR NEW YORK, NY 10016		Mailing Address 386 PARK AVENUE SOUTH, 15TH FLOOR NEW YORK, NY 10016	
2. Principal Place of Business		3. Mailing Address 1221 AVE OF THE AMERICAS Suite, Apt. #, etc. TAX DEPT - 48 FL	
Suite, Apt. #, etc.		City & State NEW YORK, NY	
City & State		4. FEI Number 13-4106860	
Zip		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALASPINA, MARK 386 PARK AVENUE SOUTH, 15TH FLOOR NEW YORK, NY, 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, FRANK 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUSTTA, DANIEL 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUSTTA, DANIEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELBY, THOMAS 1221 AVENUE OF THE AMERICAS- 48TH FL. NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HIRSCHBERG, HENRY 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MICALLEF, JOSEPH 2 PENN PLAZA-12TH FLOOR NEW YORK, NY 10121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or so an attachment with an address, with all other like empowered.			
SIGNATURE: 		Frank J. Kaufman Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/18/05 Daytime Phone #: 212 512 4362	

