

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90158 036 \*\*\*158.75

**DOCUMENT # L51030**

1. Entity Name  
**RAI SYSTEMS NETWORK, INC.**

Principal Place of Business <b>3121 TIMBERLEE RD.          WIMAUMA FL 33598</b>	Mailing Address <b>3121 TIMBERLEE RD.          WIMAUMA FL 33598</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>2250 NEW BEDFORD DR.</b>	3. Mailing Address Suite, Apt. #, etc. <b>2250 NEW BEDFORD DR.</b>
City & State <b>SUN CITY CENTER, FL</b>	City & State <b>SUN CITY CENTER, FL</b>
Zip <del>33573</del>	Country <del>U.S.A.</del>
Zip <b>33573</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-2993246</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MYSKA, LANNY**  
**3121 TIMBERLEE RD.**  
**WIMAUMA FL 33598**

7. Name and Address of New Registered Agent

Name **MYSKA, LANNY**

Street Address (P.O. Box Number is Not Acceptable)  
**2250 NEW BEDFORD DR.**

City **SUN CITY CENTER FL** Zip Code **33573**

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.

SIGNATURE *Lanny N. Myska* **LANNY N. MYSKA, PRESIDENT** **4/6/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MYSKA, LANNY N. 3121 TIMBERLANE RD WIMAUMA FL 33598</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2250 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARDAIS, LOUISE M 3121 TIMBERLANE RD WIMAUMA FL 33598</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2250 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lanny N. Myska* **LANNY N. MYSKA** **4/6/2001** **813-633-8527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #