

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0103000
AV

DOCUMENT # P01000088772

1. Entity Name
NETWORK EDUCATION SYSTEMS CORP



05-01-2003 90368 009 ***150.00

Principal Place of Business
1516 E. COLONIAL DR.
105
ORLANDO FL 32803

Mailing Address
1516 E. COLONIAL DR.
105
ORLANDO FL 32803



2. Principal Place of Business
Suite, Apt. #, etc.
103
City & State

3. Mailing Address
Suite, Apt. #, etc.
103
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3743023** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SHINDELL, FLORALEE
4601 JUDY COURT
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name **SHINDOLL, FLORALEE**
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 *Floralée Shindoll*

DATE **4/28/03**

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTIGLIATTI, ANTHONY B	
STREET ADDRESS	6131 SAINT IVES BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAIA, PAULO R	
STREET ADDRESS	5720 PGA BLVD. # 521	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Floralée Shindoll
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)