

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90023 043 ***150.00

DOCUMENT # P03000105948	
1. Entity Name THE BRAND NETWORK, INC.	

Principal Place of Business 1525 TRILLO AVE CORAL GABLES, FL 33146	Mailing Address 1525 TRILLO AVE CORAL GABLES, FL 33146
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0252969** Applied For
Not Applicable

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

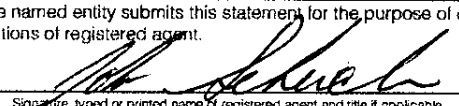
6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **JOHN SCHNEIDER**
Street Address (P.O. Box Number is Not Acceptable)
1525 TRILLO AVE
City **CORAL GABLES** FL Zip Code **33146**

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  (NOTE: Registered Agent signature required when reinstating) DATE **3-5-04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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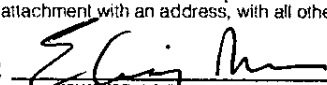
10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	SCHNEIDER, JOHN	
STREET ADDRESS	1525 TRILLO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VSD	☐ Delete
NAME	MUES, E. CRAIG	
STREET ADDRESS	1525 TRILLO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	SCHNEIDER, JOHN	
STREET ADDRESS	1525 TRILLO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	WTSO	☒ Change ☐ Addition
NAME	MUES, E. CRAIG	
STREET ADDRESS	1702 N WINONA DR.	
CITY-ST-ZIP	WALNUT, CA 91789	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:  **E CRAIG MUES** 2/24/04 909-973-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #