


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000141968		
1. Entity Name ABC NETWORK COMMUNICATION, CORP.		

Principal Place of Business 6345 SE 138 CT MIAMI, FL 33183	Mailing Address 6345 SE 138 CT MIAMI, FL 33183
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2. Principal Place of Business - No P.O. Box # 13820 SW 58 TERR	3. Mailing Address P.O. Box 940971
Suite, Apt. #, etc. 163	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33183	Country U.S.A.
Zip 33194	Country U.S.A.

**FILED**

08 MAR 26 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03/26/08--01005--023 \*\*300.00

03252008 REIN-P CR2E098 (1/07)

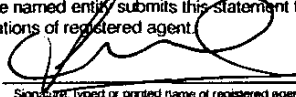
4. FEI Number  
76-0847960

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

6. Name and Address of Current Registered Agent BERENGUER, ARISTIDES 6345 SE 138 CT MIAMI, FL 33183	
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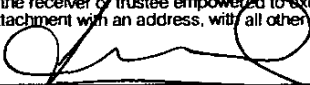
7. Name and Address of New Registered Agent Address only 13820 SW 58 TERR. SUITE # 163 City Miami FL Zip Code 33183	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERENGUER, ARISTIDES 6345 SE 138 CT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13820 SW 58 TERR. SUITE 163 MIAMI, FL. 33183
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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_