

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P40158**

1. Entity Name
TRANSWORLD NETWORK, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 2:19

Principal Place of Business Mailing Address
2502 ROCKY POINT DRIVE STE 170 TAMPA FL 33607 US



2. Principal Place of Business 3. Mailing Address
7702 WOODLAND CENTER BLVD SUITE 50 TAMPA FL 33614 US

REINSTATEMENT
DO NOT WRITE IN THIS SPACE
4. FEI Number **41-1633893** Applied For Not Applicable

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name **COLIN WOOD**
Street Address (P.O. Box Number is Not Acceptable) **7702 WOODLAND CENTER BLVD SUITE 50 TAMPA FL 33614**

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 *Colin Wood* **COLIN WOOD, C.E.O.** DATE **OCT. 3/2001**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FREEMAN, R 2502 ROCKY POINT DR, STE 170 TAMPA BAY FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, COLIN 2502 ROCKY POINT DR., SUITE 170 TAMPA FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WEISZ, JAMES 2502 ROCKY POINT DR., SUITE 170 TAMPA FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKOCZY, J 2502 ROCKY PINT DR, STE 170 TAMPA BAY FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOOD, COLIN 7702 WOODLAND CENTER BLVD. #50 TAMPA, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKOCZY, JOHN 7702 WOODLAND CENTER BLVD #50 TAMPA, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK, RANDALL 7702 WOODLAND CENTER BLVD #50 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, JAMES 7702 WOODLAND CENTER BLVD TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004693923-4 -1126/01-01083-018 ****758.75 ****758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Colin Wood* **COLIN WOOD, CEO** DATE **OCT 3/01 813-890-2200**

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CR2E034 (5/01)