

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90013 010 \*\*\*150.00

DOCUMENT # P92000009646

1. Entity Name  
NetWorks National Marketing Corp. ✓

00000041

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10553 Bridge Creek Drive  
Suite, Apt. #, etc.

3. Mailing Address  
10553 Bridge Creek Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pensacola, FL

City & State  
Pensacola, FL

4. FEI Number  
59-3153598  
Applied For  
Not Applicable

Zip  
32506-9565

Country

Zip  
32506-9565

Country

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Wayne J Gaster  
Street Address (P.O. Box Number is Not Acceptable)  
10553 Bridge Creek Drive  
City  
Pensacola  
FL  
Zip Code  
32506-9565

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 \_\_\_\_\_  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	P/V/T/S/D/C Wayne J Gaster 10553 Bridge Creek Drive Pensacola, FL 32506-9565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/V/T/V/S/D Maria R Gaster 10553 Bridge Creek Drive Pensacola, FL 32506-9565
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CR2E034B (12/01)

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

SIGNATURE:  Wayne J Gaster  
Date: 4/26/02 Daytime Phone #: 850-456-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #