

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077517

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: INTERACTIVE SERVICES NETWORK, INC.

## Current Principal Place of Business:

4770 BISCAYNE BLVD  
#880  
MIAMI, FL 33137 US

## New Principal Place of Business:

1035 NE 125 TH STREET  
200  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

4770 BISCAYNE BLVD  
#880  
MIAMI, FL 33137 US

## New Mailing Address:

1035 NE 125 TH STREET  
200  
NORTH MIAMI, FL 33161 US

FEI Number: 65-0617220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBERMAN, JONATHAN  
4770 BISCAYNE BLVD  
SUITE 880  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

LIEBERMAN, JONATHAN PSD  
1035 NE 125 TH STREET  
SUITE 200  
NORTH MIAMI, FL 33161 US

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: JONATHAN LIEBERMAN

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete  
Name: LIEBERMAN, JONATHAN  
Address: 4770 BISCAYNE BLVD #880  
City-St-Zip: MIAMI, FL 33137

Title: DV ( ) Delete  
Name: CHMIELEWSKI, DAMIAN  
Address: 4770 BISCAYNE BOULEVARD #880  
City-St-Zip: MIAMI, FL 33137

Title: CTO ( ) Delete  
Name: CARRCHECHE, OMAR  
Address: 4770 BISCAYNE BOULEVARD #880  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition  
Name: LIEBERMAN, JONATHAN  
Address: 1035 NE 125 TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DV (X) Change ( ) Addition  
Name: CHMIELEWSKI, DAMIAN  
Address: 1035 NE 125 TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: CTO (X) Change ( ) Addition  
Name: BARRENECHE, OMAR  
Address: 1035 NE 125 TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN LIEBERMAN

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date