

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90187 018 ***150.00

DOCUMENT # 834227

1. Entity Name

NEW AMERICA NETWORK INC.

Principal Place of Business

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Mailing Address

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1916759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **CCEO**
 STREET ADDRESS **FINN, GERALD C**
 CITY-ST-ZIP **141 CORSON AVE
 TRENTON, NJ 00000**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GROSSMAN, JOSEPH**
 CITY-ST-ZIP **12 MILLBROOK LANE
 COLTS NECK NJ**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FINN, JEFFREY**
 CITY-ST-ZIP **15 RED CEDAR DRIVE
 TRENTON NJ**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHEGOSKI, MARK L**
 CITY-ST-ZIP **89 KILDEE RD.
 BELLE MEADE NJ**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HANSON, PETER**
 CITY-ST-ZIP **225 MOORE STREET
 HACKENSACK NJ**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KRAMIDORF, NORMAN H.**
 CITY-ST-ZIP **580 WEST GERMANTOWN AVE. STE 200
 PLYMOUTH MEETING, PA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T / PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

609-448-4700

CR2E034 (9/01)