

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834227

FILED
Jul 28, 2008
Secretary of State

Entity Name: NEW AMERICA NETWORK INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-1916759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FINN, GERALD C CHAIRMA
Address: 141 CORSON AVE
City-St-Zip: TRENTON, NJ 08690 US

Title: D () Delete
Name: GROSSMAN, JOSEPH DIRECTO
Address: 12 MILLBROOK LANE
City-St-Zip: COLTS NECK, NJ 07722 US

Title: CP () Delete
Name: FINN, JEFFREY M CEO/PRE
Address: 14 SLEEPY HOLLOW DRIVE
City-St-Zip: ALLENTOWN, NJ 08501 US

Title: D () Delete
Name: SHEGOSKI, MARK L DIRECTO
Address: 89 KILDEE RD.
City-St-Zip: BELLE MEADE, NJ 08502 US

Title: D () Delete
Name: HANSON, PETER O DIRECTO
Address: 225 MOORE STREET
City-St-Zip: HACKENSACK, NJ 07601 US

Title: D () Delete
Name: KRANZOORF, NORMAN M DIRECTO
Address: 630 WEST GERMANTOWN AVE STE 321
City-St-Zip: PLYMOUTH MEETING, PA 19462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GERALD C. FINN

C

07/28/2008

Electronic Signature of Signing Officer or Director

_____ Date