

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 854448

1. Entity Name
AI NETWORK CORPORATION



Principal Place of Business
**4501 NORTH POINT PARKWAY
ALPHARETTA, GA 30202 US**

Mailing Address
**70 PINE STREET
ATTN E M TUCK
NEW YORK, NY 10270 US**

FILED

04 APR 29 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3140147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

600034718636

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SANDLER, ROBERT M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	P
NAME	PAVIA, ANTHONY P
STREET ADDRESS	4501 NORTH POINT PARKWAY
CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	S
NAME	TUCK, ELIZABETH
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	VT
NAME	MULCAHY, DAVID
STREET ADDRESS	4501 NORTH POINT PARKWAY
CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	D
NAME	SETTERS, GORDON
STREET ADDRESS	9410 BUNSEN PARKWAY
CITY-ST-ZIP	LOUISVILLE, KY 40220
TITLE	VG
NAME	HARKINS, KENNETH
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

4-26-04 (212) 770-7000

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

Patricia Pizots

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 5:18 PM

ORDER NO. : 598287-020

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: AI NETWORK CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:03
DIVISION OF CORPORATION