

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 024 ***550.00

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1. Entity Name

PRIORITY NETWORKS, INC.



Principal Place of Business

**3730 RAMPART ST
BOISE ID 83704**

Mailing Address

**7721 SETTLERS AVE
BOISE ID 83704**

2. Principal Place of Business

400 S. 4th Street

3. Mailing Address

Suite, Apt. #, etc.

#270

Suite, Apt. #, etc.

City & State

Las Vegas, NV

City & State

Zip

89101

Country

USA

Zip

Country

4. FEI Number

82-0512202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
**PCD
FUNK, TERRY
3730 RAMPART ST.
BOISE ID**

TITLE NAME ☒ Delete
**VSD
FUNK, STACIE
3730 RAMPART ST.
BOISE ID**

TITLE NAME ☒ Delete
**VTD
FUNK, STACIE
3730 RAMPART ST.
BOISE ID**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
**V/S/D
JONES, BEN
6342 Aspen Glen
BOISE, ID 83103**

TITLE NAME ☒ Change ☐ Addition
**PK/D
FUNK, TERRY
400 S. 4th St. #270
Las Vegas, NV 89101**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03

208-322-0189
Daytime Phone #

CR2E034 (4/03)