


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

069698 AB

DOCUMENT # F02000002416	
1. Entity Name RESORT RESERVATIONS NETWORK, INC.	

FILED
03 JUN 25 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 325 LAKE DILLON DRIVE DILLON CO 80435	Mailing Address P.O. BOX 5178 DILLON CO 80435
---	---

2. Principal Place of Business #100-788 Harbourside Dr.	3. Mailing Address #100-788 Harbourside Dr.
--	--

☒ CHECK HERE IF MAKING CHANGES

City and State North Vancouver, BC	City and State North Vancouver, BC
Zip V7P-3R7	Zip V7P-3R7
Country Canada	Country Canada

4. FEI Number 84-1556047	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, GARY L #329 - 2055 LAKE PLACID ROAD WHISTLER, B.C., CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Stephen K. Rice 1 Snowshoe Dr. Snowshoe, WV 26209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIPEC, JEFF J 14646 NORTH KIERLAND BLVD., SUITE 210 SCOTTSDALE AZ 85254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gary L. Raymond #400-999 West Hastings St. Vancouver, BC CANADA V6C 2W2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE, STEPHEN K 1 SNOWSHOW DRIVE SNOWSHOE WV 26209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ross J. Meacher #800-200 Burrard St. Vancouver, BC CANADA V6C 3K6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURRIE, JOHN E #800-200 BURRARD STREET VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021277495 07/02/03--01062--018 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUSTIN, ERIC #100-788 HARBOURSIDE DRIVE NORTH VANCOUVER, B.C., CANADA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRENGER, STAN #100-788 HARBOURSIDE DRIVE NORTH VANCOUVER, B.C., CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Ross Meacher, Secretary 6/23/03 604 669 9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)