

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 030 ***150.00

DOCUMENT # F07000000879					
1. Entity Name ANANSI NETWORKS, INC.					
Principal Place of Business 250 PARK AVE. SOUTH, STE. 360 WINTER PARK, FL 32789			Mailing Address 250 PARK AVE. SOUTH, STE. 360 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 1025 GREENWOOD BLVD		3. Mailing Address 1025 GREENWOOD BLVD			
Suite, Apt. #, etc. 275		Suite, Apt. #, etc. 275			
City & State LAKE MARY, FLORIDA		City & State LAKE MARY, FLORIDA			
Zip 32746		Country USA		Zip 32746	
Country USA		Country USA			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P LICURSI, RICHARD 250 PARK AVE. SOUTH, STE. 360 WINTER PARK, FL 32789 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT 1025 GREENWOOD BLVD STE. 275 LAKE MARY, FL 32746 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNHAM, JENNIFER 250 PARK AVE. SOUTH, STE. 360 WINTER PARK, FL 32789 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNAIR, PAT 250 PARK AVE. SOUTH, STE. 360 WINTER PARK, FL 32789 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER STANFORTH 1025 GREENWOOD BLVD STE 275 LAKE MARY, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BURKE 1025 GREENWOOD BLVD STE 275 LAKE MARY, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES PASTORIZA 1025 GREENWOOD BLVD STE 275 LAKE MARY, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASON ROTTENBERG 1025 GREENWOOD BLVD STE 275 LAKE MARY, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			RICHARD LICURSI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/25/08 Daytime Phone # 407-792-1570		