

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F42372

Entity Name: USA TRAVEL NETWORK, INC.

FILED
Oct 29, 2009
Secretary of State

Current Principal Place of Business:

2101 S. ANDREWS AVE.
#201
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 21766
FORT LAUDERDALE, FL 33335 US

New Mailing Address:

FEI Number: 59-2148169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, NEAL
2101 S. ANDREWS AVE.
#201
FT LAUDERDALE, FL 33316 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

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATSON, NEAL
Address: 1543 SW 24 ST
City-St-Zip: FT LAUDERDALE, FL 33315

Title: DVS (X) Delete
Name: WATSON, DEBRA B
Address: 1111 SW 129 WAY
City-St-Zip: FORT LAUDERDALE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NEAL WATSON

Electronic Signature of Signing Officer or Director

DPT

10/29/2009

Date