

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005943

1. Entity Name

EASTERN COMMUNICATIONS NETWORK, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90368 037 ***150.00

Principal Place of Business

6001 BROKEN SOUND PKWY NW
STE 600
BOCA RATON FL 33487

Mailing Address

6001 BROKEN SOUND PKWY NW
STE 600
BOCA RATON FL 33487

2. Principal Place of Business

691 N.E. 29th Place

Suite, Apt. #, etc.

3. Mailing Address

691 N.E. 29th Place

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33431

City & State

Boca Raton, FL 33431

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

4. FEI Number

34-1749961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERK, LAWRENCE D
691 N.E. 29TH PL.
BOCA RATON FL 33431

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME FERG, LAWRENCE D
STREET ADDRESS 6001BROKEN SOUND PKWY STE 600
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE ST
NAME FERG, Cynthia J.
STREET ADDRESS 691 N.E. 29th Place
CITY-ST-ZIP BOCA RATON, FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 691 N.E. 29th Place
CITY-ST-ZIP Boca Raton, FL 33431

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

3-27-01

561-9973

CR2E034 (10/00)