


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000000235 1. Entity Name MARITIME TELECOMMUNICATIONS NETWORK, INC.	
--	---

Principal Place of Business 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 US	Mailing Address 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 US
---	---



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 84-1289974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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, 2004 Fee will be \$550.00**

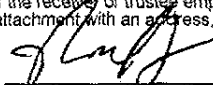
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000108862  
04/12/04-80019-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOROSS, DAVID 527 MADISON AVE 10TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUDDAY, DAVID 527 MADISON AVE 10TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAGAN, DAVID 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, BRIAN 527 MADISON AVE 10TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYS, RONALD 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIGGS, BRAD 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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:  4-7-04 754-538-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #