


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90939 038 ***150.00

DOCUMENT # F95000002812

1. Entity Name
ISSUES & ANSWERS NETWORK, INC.



Principal Place of Business
**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

Mailing Address
**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MCGUINNESS, PATRICIA
3401 SE CLUBHOUSE PLACE
STUART FL 34997**

4. FEI Number **62-1341814**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGUINNESS, PETER J	
STREET ADDRESS	2017 BAY ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDI JR, JOSEPH F	
STREET ADDRESS	14 ARMOND COURT	
CITY-ST-ZIP	HOLMDALE NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, LAWRENCE	
STREET ADDRESS	27 WILMOT CIRCLE	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LINDEMANN, CARLA	
STREET ADDRESS	1 IPSWICH AVE, 328	
CITY-ST-ZIP	GREAT NECK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Peter McGuinness **2/28/03** **757 456-1100**
Date Daytime Phone #

CR2E034 (10/02)