

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002151 (6)**

1. Corporation Name  
**ATTITUDE NETWORK, INC.**



Principal Place of Business <b>2706 S. HORSESHOE DR., #228 NAPLES FL 33942</b>	Mailing Address <b>2706 S. HORSESHOE DR., #228 NAPLES FL 34104-6108</b>
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2. Principal Place of Business 21 <b>10621 Airport-Pulling Rd N</b> Suite, Apt. #, etc. 22 <b>Suite 6</b> City & State 23 <b>Naples, FL</b> Zip 24 <b>34109</b>		2a. Mailing Address 25 <b>10621 Airport-Pulling Rd. N.</b> Suite, Apt. #, etc. 26 <b>Suite 6</b> City & State 27 <b>Naples, FL</b> Zip 28 <b>34109</b>		3. Date Incorporated or Qualified <b>04/30/1996</b>		3a. Date of Last Report	
4. FEI Number <b>APPLIED FOR 65-0659078</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>BROWN, KIM C</b> <b>2706 S. HORSESHOE DR., #228</b> <b>NAPLES FL 33942</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>10621 Airport-Pulling Rd N.</b> 83 <b>Suite 6</b> 84 City <b>Naples</b> FL 85 Zip Code <b>34109</b>			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **Kim C. Brown Treasurer** **4/30/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	<b>DAVID C RAE</b>	<b>2706 S. HORSESHOE DR., #228</b>	<b>10621 Airport Pulling Suite 6 Naples, FL 34109</b>		<b>D. Miller, Edward</b>	<b>RR 10 Box 272</b>	<b>Charlottesville, VA 22903</b>
	<b>BROWN, KIM C</b>	<b>2706 S. HORSESHOE DR., #228</b>	<b>10621 Airport-Pulling Suite 6 Naples, FL 34109</b>		<b>D. Sirazi, Semir</b>	<b>8100 N. McCormick Blvd.</b>	<b>Skokie, IL 60076-2999</b>
	<b>P. Rainey, Don</b>	<b>3312 Willow Glen</b>	<b>Herdon, VA 20171</b>				
	<b>D. Motley, David</b>	<b>10621 Airport-Pulling Rd. N. Suite 1</b>	<b>Naples, FL 34109</b>				
	<b>Rasmussen, William</b>	<b>2706 S. Horseshoe Dr. #108</b>	<b>Naples, FL 34104</b>				
	<b>D. Crothers, Frank</b>	<b>Levy Ford Cay, Adelaide Rd</b>	<b>Nassau, Bahamas</b>				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Kim C. Brown** **4/30/97 (941) 513-9555**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)