

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>10621 AIRPORT PULLING RD N SUITE 6 NAPLES FL 34109 US</b>	Mailing Address <b>10621 AIRPORT PULLING RD N SUITE 6 NAPLES FL 34109 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>04/30/1996</b>	
4. FEI Number <b>65-0659078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BROWN, KIM C 10621 AIRPORT PULLING RD N SUITE 6 NAPLES FL 34109</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CEOD P</b> <input type="checkbox"/> DELETE
NAME	<b>RAE, DAVID C</b>
STREET ADDRESS	<b>10621 AIRPORT PULLING RD N #6</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, KIM C</b>
STREET ADDRESS	<b>10621 AIRPORT PULLING RD N #6</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RAINEY, DON</b>
STREET ADDRESS	<b>3312 WILLOW GLEN</b>
CITY-ST-ZIP	<b>HERNDON VA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOBLEY, DAVID</b>
STREET ADDRESS	<b>10621 AIRPORT PULLING RD N #1</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, EDWARD</b>
STREET ADDRESS	<b>RR10 BOX 272</b>
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RASMUSSEN, WILLIAM</b>
STREET ADDRESS	<b>2706 S HORSESHOE DR #108</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Frank Crothers</b>
1.3 STREET ADDRESS	<b>Lyford Cay, Adelaide Rd.</b>
1.4 CITY-ST-ZIP	<b>Nassau, Bahamas</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Semir Simazi</b>
2.3 STREET ADDRESS	<b>2523 Central St.</b>
2.4 CITY-ST-ZIP	<b>Evanston, IL 60201</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** 4/30/98 944-513-9555

CR2E034 (10/97)