05-08-1999 90089 028 \*\*\*558.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/30/1996

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

Mailing Address

NAPLES FL 34109

SUITE 6

10621 AIRPORT PULLING RD N

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000002151

1. Corporation Name

SUITE 6

US

NAPLES FL 34109

Principal Place of Business

10621 AIRPORT PULLING RD N

ATTITUDE NETWORK, INC.

2.	Principal Pla	ace of Business		2a. Mailing Address					4. FEI Number					App	lied For		
21	¬ `			26					65-0659078					Not Applicable			
<u> </u>	Suite, Apt. i	# etc.			uite, Apt. #, etc.									\$8.	75 A	ditional	
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23	Zip		Country	Z	in		Country	•			is corporation owes the o	current v	ear Inta	naible	_		
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24			d Address of Current		red Agent	30	- $-$				ame and Address of Ne	w Regis	tered A	<i>-</i>			
9. Name and Address of Current Registered Agent								Na	me								
BROWN, KIM C																	
10621 AIRPORT PULLING RD N							82	Str	eet Addre	ss (P.O.	Box Number is Not Acce	eptable)					
SUITE,6.							83										
			١.				03										
NAPLES FL 34109						84	Cit						85	Zip C	ode		
		1-125	<b>'</b> :_										<u>FL</u>				
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.															egistered istered		
	agent. I ar	m familiar with,	and accept the obligation	ons of, S	ection 607.0505, F	londa	Statutes	•									
SI	GNATURE		·										ATE				
		Signature, typed or p	rinted name of registered agent		<u> </u>	TE: Reg	13.	it signa	ture required		DITIONS/CHANGES TO			DIR	-CTO	RS IN 12	
12	т	050	OFFICERS AND	DIREC	DELETE	-	1.1 TITLE		72		DITIONS/OTANGES TO	0, 1,00	NO AIT	□ Ch		Addition	
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ш	re į	ST			☐ DELETE		2.1 TITLE		$ \mathcal{D} $					Ch	ange	Addition	
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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 suppliemental 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 of 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 arran attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**EVANSTON IL 60201** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)