

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90304 039 ***150.00

DOCUMENT # F98000000756

1. Entity Name
NEXT GENERATION NETWORK, INC.

Principal Place of Business

**11010 PRAIRIE LKAES DR.
 SUITE 300
 EDEN PRAIRIE MN 55344**

Mailing Address

**11010 PRAIRIE LKAES DR.
 SUITE 300
 EDEN PRAIRIE MN 55344**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1670450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax Filing Requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, GERARD P	
STREET ADDRESS	11010 PRAIRIE LAKES DR., SUITE 300	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	PUGLIESE, THOMAS M	
STREET ADDRESS	11010 PRAIRIE LAKES DR., SUITE 300	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	KOLTHOFF, MICHAEL	
STREET ADDRESS	11010 PRAIRIE LAKES DR., SUITE 300	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONACCI, ANTHONY	
STREET ADDRESS	2525 EAST CAMELBACK RD 840	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAROCCHO, MICHAEL J	
STREET ADDRESS	11010 PRAIRIE LAKES DR., SUITE 300	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, THOMAS	
STREET ADDRESS	2521 VESTAL PARKWAY EAST	
CITY-ST-ZIP	VESTAL NY 13851	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Croucher	
STREET ADDRESS	11010 Prairie Lakes Dr. Suite 300	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Hall	
STREET ADDRESS	9110 E Nichols Ave Suite 200	
CITY-ST-ZIP	Englewood, CO 80112	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Carpenter	
STREET ADDRESS	9110 E Nichols Ave. Suite 200	
CITY-ST-ZIP	Englewood Co 80112	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Cohen	
STREET ADDRESS	9110 E Nichols Ave. Suite 200	
CITY-ST-ZIP	Englewood, CO 80112	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02 9529447944

CR2E034 (9/01)