

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90665 001 ***300.00

0699444 FP

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

9110 E. Nichols Ave

3. Mailing Address

9110 E. Nichols Ave

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Centennial CO

City & State

Centennial CO

Zip

80112

Country

US

Zip

80112

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1670450**

Applied For
Not Applicable

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **CRUCKER, TRACY**
STREET ADDRESS **1010 PRAIRIE LAKE DR. - SUITE300**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE **see attached list** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HALL, KURT**
STREET ADDRESS **9110 E. NICHOLS AVE. - SUITE 200**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TAS** ☒ Delete
NAME **KOLTHOFF, MICHAEL**
STREET ADDRESS **11010 PRAIRIE LAKES DR., SUITE 300**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CARPENTOR, SCOTT**
STREET ADDRESS **9100 E. NICHOLS AVE. - SUITE 20**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **COHEN, STEVEN**
STREET ADDRESS **9110 E. NICHOLS AVENUE - SUITE 200**
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)