

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005009

1. Entity Name

AN NETWORK, INC.

Principal Place of Business

615-3 CENTER STREET
WOLFEBORO NH 03894

Mailing Address

P.O. BOX 1047
WOLFEBORO NH 03894

FILED

01 FEB 14 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

2. Principal Place of Business

16 Lehnner Street,
Suite, Apt. #, etc.
Suite 300

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wolfeboro NH

City & State

4. FEI Number 02-0500745

Applied For

Not Applicable

Zip

03894

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

SP

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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]

PATRICIA A. CANARIO,
SPECIAL ASSISTANT SECRETARY

2/12/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PASD	CASS, LEONARD J	615 WENTWORTH PLAZA	WOLFEBORO NH 03894	<input type="checkbox"/>
TSD	CASS, RONALD A	615 WENTWORTH PLAZA	WOLFEBORO NH 03894	<input type="checkbox"/>
DV	GERSHBERG, JAY	615 WENTWORTH PLAZA	WOLFEBORO NH 03894	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
		300003784413-8	-02/28/01--01021--005	
		****758.75	****758.75	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
		300003784413-8	-02/28/01--01021--006	
		****150.00	****150.00	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		16 Lehnner Street, suite 300		
		16 Lehnner Street, suite 300		
		16 Lehnner Street, suite 300		
CFO, VP of FINANCE	ERIC B. SARGENT	16 Lehnner Street, suite 300	Wolfeboro, NH 03894	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Asst. Sec.	Sue Preston	16 Lehnner Street, suite 300	Wolfeboro, NH 03894	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

603-569-1710

Daytime Phone #

CR2E034 (5/00)