

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90116 045 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000005009					
1. Entity Name RN NETWORK, INC.					
Principal Place of Business 16 LEHNER STREET., STE 300 WOLFEBORO, NH 03894			Mailing Address P.O. BOX 1047 WOLFEBORO, NH 03894		
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 02-0500745				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 _____ (NOTE: Registered Agent's signature required when submitting)					
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					
TITLE	PASD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASS, LEONARD J		NAME		
STREET ADDRESS	16 LEHNER STREET., STE 300		STREET ADDRESS		
CITY-ST-ZIP	WOLFEBORO, NH 03894		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GERSHBERG, JAY		NAME		
STREET ADDRESS	1900 CORPORATE BLVD, STE W410		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	FVTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SARGENT, ERIC B		NAME		
STREET ADDRESS	16 LEHNER STREET., STE 300		STREET ADDRESS		
CITY-ST-ZIP	WOLFEBORO, NH 03894		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PRESTON, SUE		NAME		
STREET ADDRESS	16 LEHNER STREET., STE 300		STREET ADDRESS		
CITY-ST-ZIP	WOLFEBORO, NH 03894		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASS, TERESA E		NAME		
STREET ADDRESS	1900 CORPORATE BLVD, STE W410		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Eric B Sargent</i> 5/20/03 603-569-1710					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Eric B Sargent					

CR2E034 (10/02)