

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90243 014 ***150.00

DOCUMENT # F98000005156
 1. Entity Name
PROFESSIONAL DETAILING NETWORK, INC.

| | |
|--|---|
| Principal Place of Business 1009 LENOX DR. BLDG IV, S-103 LAWRENCEVILLE NJ 08648 | Mailing Address 41 MADISON AVE., 31ST FLOOR NEW YORK NY 10010 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 2000 LENOX DRIVE Suite, Apt. #, etc. SUITE 100 | 3. Mailing Address Suite, Apt. #, etc. |
| City & State LAWRENCEVILLE NJ | City & State |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 22-2838757 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | | |
|---------------------|---------------------|-----|---------|
| Zip 08648 | Country C | Zip | Country |
|---------------------|---------------------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | EVAS MOORE, THOMAS A 41 MADISON AVE, 31ST FLOOR NEW YORK NY 10010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, THOMAS A 41 MADISON AVE, 31ST FLOOR NEW YORK NY 10010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD NELSON, WAYNE K 41 MADISON AVE, 31ST FLOOR NEW YORK NY 10010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVST LAW-GISIKO, PETER 41 MADISON AVE, 31ST FLOOR NEW YORK NY 10010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO LAW-GISIKO, PETER 41 MADISON AVE, 31ST FLOOR NEW YORK NY 10010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EVERSON, DOUGLAS 1009 LENOX DRIVE LAWRENCEVILLE NJ 08648 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: *Robert Anderson* **4/30/01** **(212) 448-6620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)