

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91162 017 \*\*\*150.00

**DOCUMENT # F98000005623**

1. Entity Name  
**ACN HOLDING, INC.**



Principal Place of Business  
**C/O L FACKLER  
7635 ASHLEY PARK CT. STE 503C  
ORLANDO FL 32835**

Mailing Address  
**C/O L FACKLER  
7635 ASHLEY PARK CT. STE 503C  
ORLANDO FL 32835**

2. Principal Place of Business  
**LEO FACKLER**  
Suite Apt. #, etc.  
**P.O. Box 1523**

3. Mailing Address  
**LEO FACKLER**  
Suite, Apt. #, etc.  
**P.O. Box 1523**

City & State  
**WINDERMERE FL.**  
Zip  
**34786** Country

City & State  
**WINDERMERE FL**  
Zip  
**34786** Country

4. FEI Number **59-3503411**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FACKLER, LEO  
7635 ASHLEY PARK CT  
SUITE 503C  
ORLANDO FL 32835**

## 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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FACKLER, LEO	
STREET ADDRESS	7635 ASHLEY PARK CT, STE 503C	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARUYAMA, JEFF	
STREET ADDRESS	1911 NORTH FT MYER DRIVE, SUITE 307	
CITY-ST-ZIP	ARLINGTON-VA 22209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, LORNA	
STREET ADDRESS	8827 COLUMBIA PARKWAY, SUITE 1A	
CITY-ST-ZIP	COLUMBIA M MD 21045	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, ALAN	
STREET ADDRESS	850 7 AVE, STE 305	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGIL, MICHAEL	
STREET ADDRESS	248 COLUMBIA TURNPIKE	
CITY-ST-ZIP	FLORHAM PARK NJ 07932	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESBIT, ELEANOR	
STREET ADDRESS	1413 SOUTH HOWARD AVE., SUITE 201	
CITY-ST-ZIP	TAMPA FL 33606	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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  
**LEO FACKLER**

**4/26/03** **407 351 6001**  
Date Daytime Phone #

CR2E034 (10/02)