2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # G93061 1. Entity Name THE ART NETWORK, INC. Principal Place of Business Mailing Address 208 SW 21ST, TERRACE FT, LAUDERDALE FL 33312 1701 RIVERLAND RD. FT. LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2502236 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARTH HATHAWAY WITCOSKI Street Address (P.O. Box Number is Not Acceptable) 1701 RIVERLAND ROAD FT. LAUDERDALE FL 33312 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition WITCOSKI, GARTH NAME U000000691134 NAME 1701 RIVERLAND ROAD 04/12/07-80018-019 150.00 STRUET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY - ST- ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ■ Addition TEZA, CHRISTINE NAME NAME 1701 RIVERLAND RD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-719 CITY- ST- ZIP TITLE Change □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the recover 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.

ICER OR DIRECTOR

SIGNATURE:

**FILED**