2007 FOR PROFIT CORPORATION .. ANNUAL REPORT

DOCUMENT # J30788

1. Entity Name THE BRADMAN NETWORK, INC.



Principal Place of Business

Mailing Address

7777 DAVIE RD EXT. SUITE 100A

7777 DAVIE RD. EXT

100A

HOLLYWOOD, FL 33024 US

HOLLYWOOD, FL 33024 US

FILED Apr 12, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04042007 No Cha-P CR2E034 (11/05)

4. FEI Number 59-2715146

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADMAN, LEO 7777 DAVIÉ RD EXT. SUITE 100A HOLLYWOOD, FL 33024

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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.	

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and little if applicable

(NQTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. VDS TITLE NAME BRADMAN, LEO H 9831 SW SIXTH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000702677 04/20/07-80107-016 150.00

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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

954-704-8686