

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90071 019 ***150.00

DOCUMENT # K33966

1. Entity Name
THE CREW NETWORK, INC.

Principal Place of Business

Mailing Address

~~1053 SE 17TH ST~~
~~FT LAUDERDALE FL 33316~~

~~1053 SE 17TH ST~~
~~FT LAUDERDALE FL 33316~~

2. Principal Place of Business

1053 SE 17th Street

3. Mailing Address

1053 SE 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number **65-0078557**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TREASE, NORMA~~
~~1053 SE 17TH ST~~
~~FT LAUDERDALE FL 33316~~

Name
SALUSSOLIA, PIERO
 Street Address (P.O. Box Number is Not Acceptable)
1548 BRICKELL AVE.
 City **MIAMI** FL Zip Code **33129-1210**

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 **PIERO SALUSSOLIA**

DATE **04/26/01**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	TREASE, NORMA	1053 SE 17TH ST FT LAUDERDALE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Michael Reardon			<input type="checkbox"/>	<input checked="" type="checkbox"/>
DPTS	REARDON, MICHAEL	1053 SE 17TH ST	FT LAUDERDAL, FL 33316	<input type="checkbox"/>	<input type="checkbox"/>
D	AGLIARDI, CARLO	1054 SE 17TH ST	FT LAUDERDALE, FL 33316	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/20/01**

DAYTIME PHONE # **954-463-0640**

CR2E034 (10/00)