

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90328 021 ***150.00

0346756 AV

DOCUMENT # **K33966**

1. Entity Name
THE CREW NETWORK, INC.



Principal Place of Business
~~1053 SE 17TH STREET~~ **1800 SE 10th Ave**
FT LAUDERDALE FL 33316 **Suite 404**

Mailing Address
~~1053 SE 17TH STREET~~ **1800 SE 10th Ave**
FT LAUDERDALE FL 33316 **Suite 404**



2. Principal Place of Business
1800 SE 10th AVE
Suite, Apt. #, etc.
SUITE 404
City & State
FORT LAUDERDALE FL

3. Mailing Address
1800 SE 10th AVE
Suite, Apt. #, etc.
SUITE 404
City & State
FORT LAUDERDALE FL

Zip **33316** Country **BROWARD**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0078557** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SALUSSOLIA, PIERO
1548 BRICKELL AVENUE
MIAMI FL 33129-1210

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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS REARDON, MICHAEL <input type="checkbox"/> Delete 1800 SE 10th Ave Suite 404 1053 SE 17TH STREET FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGLIARDI, CARLO <input type="checkbox"/> Delete MONACO 1054 SE 17TH STREET FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REARDON, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 SE 10th Ave Suite 404 FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGLIARDI, CARLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 QUAI DE SAN BAMBANI 9500 MONACO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: **MICHAEL REARDON** **4/15/03 9844630604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)