

# 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

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

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	<b>DPTS</b> <b>REARDON, MICHAEL</b> <b>1800</b> <del>1053 SE 17TH STREET</del> <b>SE 10th Ave Suite</b> <b>FORT LAUDERDALE FL 33316</b> <b>400</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGLIARDI, CARLO</b> <b>MONACO</b> <del>1054 SE 17TH STREET</del> <b>FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REARDON, MICHAEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1800 SE 10th Ave Suite 404</b> <b>FORT LAUDERDALE FL 33316</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AGLIARDI, CARLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8 QUAI DE SAN BAMBANI</b> <b>9500 MONACO</b>
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: **SIGNATURE REQUIRED MICHAEL REARDON** **4/15/03** **984 463 0604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0346756 AV

CR2E034 (10/02)