

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # K58898

1. Entity Name
ALTERNATIVE NETWORKING, INC.



Principal Place of Business
1300 RIVERLAND RD.
FT. LAUDERDALE, FL 33312

Mailing Address
1300 RIVERLAND RD.
FT. LAUDERDALE, FL 33312



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0126164

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

RHOADES, TERRY E
2607 GULFSTREAM LANE
FORT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000077087
03/05/04-80028-005 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME RHOADES, TERRY E
STREET ADDRESS 2607 GULFSTREAM LANE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE VP
NAME STARKWEATHER, GARY
STREET ADDRESS 2624 KEY LARGO LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

2/29/04 954-581-9929
Date Daytime Phone #