2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # K58898

1. Entity Name
ALTERNATIVE NETWORKING, INC.

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

DO NOT WRITE IN THIS SPACE

01122005 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

5. Name and Address of Current Registered Agent

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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000213807
02/03/05-80085-014 158.75

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 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: _____ 1-31-05 954-581-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #