

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90173 023 \*\*\*\*61.25

**DOCUMENT # N00000000389**

1. Entity Name

**ISLAMIC INFORMATION NETWORK, INC.**

Principal Place of Business

Mailing Address

~~10102 LEISURE LANE NORTH~~  
~~JACKSONVILLE FL 32256~~

10102 LEISURE LANE NORTH  
 JACKSONVILLE FL 32256

39857

2. Principal Place of Business

3. Mailing Address

9428 BAYMEADOWS ROAD

9428 BAYMEADOWS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. #108

STE. #108

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

FL

32256

FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAikh, M. ASHRAF

~~10102 LEISURE LANE NORTH~~  
~~JACKSONVILLE FL 32256~~

Name

Street Address (P.O. Box Number is Not Acceptable)

9428 BAYMEADOWS ROAD, STE. #108

City

FL

Zip Code

JACKSONVILLE 32256

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

*[Signature]* M. ASHRAF SHAIKH, REGISTERED AGENT 7-30-02

Signature of person or persons registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHAIKH, M. ASHRAF	
STREET ADDRESS	10102 LEISURE LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASLAM, NABEEL	
STREET ADDRESS	7371 BEACON HILL DR	
CITY-ST-ZIP	PITTSBURGH PA 15221	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAIKH, MARWAN E	
STREET ADDRESS	10102 LEISURE LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 5248	
CITY-ST-ZIP	JACKSONVILLE, FL 32247	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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]* M. ASHRAF SHAIKH, PRESIDENT 4-30-02 (904) 97-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)