

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002776	
1. Entity Name Choices Network Systems, Inc	

FILED
11 JAN 18 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100191772021
01/18/11--01057--001 **\$61.25
~~01/18/11 01057--001 **\$61.25~~

DO NOT WRITE IN THIS SPACE

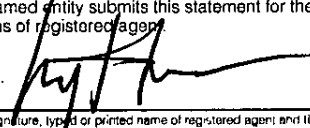
2. Principal Place of Business 2300 NW 6th Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach, Florida	City & State
Zip 33069	Country USA

4. FEI Number 65-1035130	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Wylie L. Howard, Sr	
Street Address (P.O. Box Number is Not Acceptable)	
6920 NW 44th Ct	
City Lauderhill	Zip Code FL 33319

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 	Wylie L. Howard, Sr President 1/10/11
(NOTE: Registered Agent signature required when reinstating)	

FBE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wylie L. Howard, Sr 6920 NW 6th Street Lauderhill, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Celestine Howard 6920 NW 6th Street Lauderhill, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Angela R. Deal 3775 NW 106th Dr Coral Springs Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodney Howard 6920 NW 44th Court Lauderhill, Florida 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Torrence Pack 449 SW 15th Street, Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reginald Mathis 1620 NW 6TH Ave Pompano Beach FL 33060	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 617, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Wylie L. Howard, Sr	1/10/11	954-968-6777
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037B (12/02)