2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 13, 2002 8:00 am DOCUMENT # N00000004127 **Secretary of State** 1. Entity Name 03-13-2002 90026 025 ****61.25 CHOICES NETWORK, INC. Mailing Address Principal Place of Business 4251 N FEDERAL HWY. #4 1331 SW 5TH CT **BOCA RATON FL 33432 BOCA RATON FL 33431** 3. Mailing Address Principal Place of Business 300 Westcamina DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number ___65-1028976_ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SCHARR, CHRISTINE 4251 N FEDERAL HWY, #4 TROCA RATON FL 33431 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition (9/04) Change TITLE Delete TITLE" SCHARR, CHRISTINE NAME 300 w. commo Real, +10 NAME STREET ADDRESS 1331 SW 5TH CT STREET ADDRESS Boca Raton, to CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition Change Delete TITLE manc. YUSEM, BRIAN NAME NAME STREET ADDRESS 4251 N FEDERAL HWY, #4 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE SCHARR, JOSEPH R NAME NAME 1331 SW 5TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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