

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008189

FILED
Sep 03, 2003
Secretary of State

Entity Name: THE FACEFINDER NETWORK, INC.

Current Principal Place of Business:

1325 SEAGRAPE CIRCLE
WESTON, FL 333262726

New Principal Place of Business:

Current Mailing Address:

1325 SEAGRAPE CIRCLE
WESTON, FL 333262726

New Mailing Address:

FEI Number: 65-1058279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARBONELL, DIEGO C
1325 SEAGRAPE CIRCLE
WESTON, FL 333262726

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MPD () Delete
Name: CARBONELL, DIEGO C
Address: 1325 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 333262726

Title: DT () Delete
Name: KRAUSS, ROBYN
Address: 398 SE MIZNER #1913
City-St-Zip: BOCA RATON, FL 33342

Title: DVP () Delete
Name: VELAZQUEZ, RAFAEL
Address: 1965 SW 149 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MPD (X) Change () Addition
Name: CARBONELL, DIEGO C MR.
Address: 1325 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 333262726

Title: DT (X) Change () Addition
Name: KRAUSS, ROBYN MS.
Address: 398 SE MIZNER #1913
City-St-Zip: BOCA RATON, FL 33342

Title: DVP (X) Change () Addition
Name: VELAZQUEZ, RAFAEL MR.
Address: 1965 SW 149 AVE
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO CARBONELL

MPD

09/03/2003

Electronic Signature of Signing Officer or Director

Date