Exhibit A

FILED

03 JUN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400020972734
06/18/03--01043--014 **61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001922

1. Entity Name
CONSTITUTIONAL RIGHTS NETWORK, INC.

Principal Place of Business	Mailing Address
9440 HUMMINGBIRD BLVD PENSACOLA, FL 32514	9440 HUMMINGBIRD BLVD PENSACOLA, FL 32514

2. Principal Place of Business	3. Mailing Address
2825 Fredrick St.	2825 Fredrick St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Cantonment, FL	Cantonment, FL
Zip: 32533 Country: USA	Zip: 32533 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 41-2035921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLS, OCIE C ~~9440 HUMMINGBIRD BLVD~~ 2825 Fredrick St. ~~PENSACOLA, FL 32514~~ Cantonment, FL 32533	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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's signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, OCIE C ~~9440 HUMMINGBIRD BLVD~~ ~~PENSACOLA, FL 32514~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9610 Swan Lake Rd Alboard, MS 55702 2825 Fredrick St. Cantonment, FL 32533	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTERRE, KENNETH J 8500 SW 179TH ST MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEEKS, JULIE D 9440 HUMMINGBIRD BLVD PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: x Ocie C Mills X X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #