


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

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90073 010 \*\*\*\*61.25

DOCUMENT # NO3000008387	
1. Entity Name The CSN Project, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 11665 Mandarin Rd. Suite, Apt. #, etc.		3. Mailing Address 11665 Mandarin Rd. Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville, FL	
Zip 32223	Country USA	Zip 32223	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1595863		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name James P. Corbett	
	Street Address (P.O. Box Number is Not Acceptable) 11665 Mandarin Rd.	
	City Jacksonville	FL Zip Code 32223

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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/D James P. Corbett 11665 Mandarin Rd. Jacksonville, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Merry L. Corbett 11665 Mandarin Rd. Jacksonville, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Rodrian W 233 N 3050B Oakmont Ct. Pewaukee, WI 53072	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Merry L. Corbett Merry L. Corbett 1/14/04 904-260-1588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)