2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# N06000008533

Entity Name: INVISION GLOBAL NETWORK, INC.

Current Principal Place of Business:

5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

5045 34TH STREET, SOUTH
UNIT 621
ST. PETERSBURG, FL 33711

Current Mailing Address:

5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

5045 34TH STREET, SOUTH
UNIT 621
ST. PETERSBURG, FL 33711

FEI Number: 20-5268816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALMONSON, TIMOTHY J
5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

SALMONSON, TIMOTHY J
5045 34TH STREET, SOUTH
UNIT 621
ST. PETERSBURG, FL 33711 US

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: TIMOTHY J SALMONSON 10/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALMONSON, TIMOTHY J
Address: 2549 69TH AVE S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: LYNNE, COLBERT
Address: 6435 30TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: GILLIE, CINDIE M
Address: 3S036 TIMBER DR.
City-St-Zip: WARRENVILLE, IL 60555

Title: D ( ) Delete
Name: BLAKE, JOHN
Address: 2430 SE TIFFANY
City-St-Zip: PORT ST LUCIE, FL 34952

Title: CFO ( ) Delete
Name: BLAKE, PAULA
Address: 2430 SE TIFFANY
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: BREMENOUR, MIKE
Address: 332 E. WASHINGTON ST.
City-St-Zip: BARRINGTON, IL 60010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GILLIE, CINDIE M
Address: 7210 EXNER RD
City-St-Zip: DARIEN, IL 60561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY J SALMONSON P 10/19/2009
Electronic Signature of Signing Officer or Director Date