

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90030 001 \*\*\*122.50

**DOCUMENT #** N22601

1. Entity Name  
**FRIENDSHIP NETWORK, INC**  
**(NON-PROFIT CORPORATION)**

Principal Place of Business Mailing Address  
**C/O CAROL HOPE PRATT**  
**FRIENDSHIP NETWORK, INC (same)**  
**P.O. Box 69-3143**  
**Miami FL 33269**

**13819**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOM, JILLIAN**  
**H300 SHERIDAN ST #138**  
**Hollywood, FL 33021**

4. FEI Number **65-0047154** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>P</b>		NAME		
STREET ADDRESS	<b>OTTATO, PHILLIP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>P.O. Box 69-3143</b>		CITY-ST-ZIP		
	<b>Miami FL 33269</b>				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>UP</b>		NAME		
STREET ADDRESS	<b>ACTION LODGE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1000 SW 84th Ave</b>		CITY-ST-ZIP		
	<b>Pembroke Pines, FL</b>				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SD</b>		NAME		
STREET ADDRESS	<b>REEL, FRED</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>6273 SW 72 St # D6</b>		CITY-ST-ZIP		
	<b>Miami FL 33143</b>				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>T</b>		NAME		
STREET ADDRESS	<b>PRATT, CAROL H</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PO Box 69-3143</b>		CITY-ST-ZIP		
	<b>Miami FL 33269</b>				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Hope Pratt* Date: April 24, 2000 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)