

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

02 OCT 11 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22601

1. Entry Name

FRIENDSHIP NETWORK, INC.

Principal Place of Business

Mailing Address

P.O. BOX 69-3143
MIAMI FL 33269

P.O. BOX 69-3143
MIAMI FL 33269

Change



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 69-3393

PO BOX 69-3393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33269

City & State

Miami FL 33269

4. FEI Number

65-0047154

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

THOM, JILLIAN
4300 SJERODAM ST #138
HOLLYWOOD FL 33021

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

Carol Hope, Executive Director 10/05/02

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	OTTATO, PHILLIP	
STREET ADDRESS	P.O. BOX 69-3143	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACTON, LORI	
STREET ADDRESS	100 S.W. 84TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRATT, CAROL H	
STREET ADDRESS	P.O. BOX 69-3143	
CITY-ST-ZIP	MIAMI FL 33269	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELL, FRED	
STREET ADDRESS	62 S.W. 72 STREET #D8	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, DPREE	
STREET ADDRESS	1957 JACKSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LORAI	
STREET ADDRESS	PO BOX 15851	
CITY-ST-ZIP	Plantation FL, 33318	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTATO, PHILLIP	
STREET ADDRESS	PO BOX 69-3143	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SECY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGILL, LOUETTE	
STREET ADDRESS	4195 W 20 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULKOWSKI, MINA	
STREET ADDRESS	701 LINCOLN Rd. Suite 200 D	
CITY-ST-ZIP	MIAMI Beach FL 33139	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEL, FRED	
STREET ADDRESS	6273 SW 72nd St #D6	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Carol Hope, Executive Director 10/05/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROL HOPE

gs 10/10/02

CPRE037 (9/01)