

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22601

1. Entity Name

FRIENDSHIP NETWORK, INC.

FILED

03 JUL 14 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800021588408  
07/16/03--01024--022 \*\*61.25



DO NOT WRITE IN THIS SPACE

|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business             |         | Mailing Address                         |         |
| P.O. BOX 69-3149 3393<br>MIAMI FL 33269 |         | P.O. BOX 69-3149 3393<br>MIAMI FL 33269 |         |
| 2. Principal Place of Business          |         | 3. Mailing Address                      |         |
| Suite, Apt. #, etc.                     |         | Suite, Apt. #, etc.                     |         |
| City & State                            |         | City & State                            |         |
| Zip                                     | Country | Zip                                     | Country |

|                                  |            |                          |                                |
|----------------------------------|------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 65-0047154 | Applied For              | <input type="checkbox"/>       |
|                                  |            | Not Applicable           | <input type="checkbox"/>       |
| 5. Certificate of Status Desired |            | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

THOM, JILLIAN  
4300 SJERODAM ST #138  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: CHARLES INIJE  
Street Address (P.O. Box Number is Not Acceptable):  
16499 N.E. 19 AVE. #213 A  
City: N. Miami, FL Zip Code: 33162

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: *Charles Inije* DATE: 7/04/03

(NOTE: Registered Agent signature required when reinstating)

|  |  |                             |   |
|--|--|-----------------------------|---|
| After September 13, 2002, min. will be \$236.25. | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|--|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS                     |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>OTTATO, PHILLIP<br>P.O. BOX 69-3143<br>MIAMI FL 33169      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ACTON, LORI<br>100 S.W. 84TH AVENUE<br>PEMBROKE PINES FL  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PRATT, CAROL H<br>P.O. BOX 69-3143<br>MIAMI FL 33269       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PELL, FRED<br>62 S.W. 72 STREET #D6<br>MIAMI FL 33143     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOYNER, OPREE<br>1957 JACKSON STREET<br>HOLLYWOOD FL 33056 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JACKIE GONZALEZ / P<br>1492 W FLAGLER ST OTTATO, PHILLIP<br>MIAMI, FL. 33135 / PO BOX 69-3393<br>MIAMI FL 33269 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>JACKIE GONZALEZ<br>1492 W. FLAGLER ST.<br>MIAMI, FL. 33135   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>MCGILL, LOVETTE<br>4175 W 20 AVB<br>MIAMI FL 33147  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>PELL, FRED<br>same SD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JOYNER, OPREE<br>1957 JACKSON STREET D<br>HOLLYWOOD FL 33056  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR<br>CAROL HOPE<br>1492 NW 196 Street<br>Miami, FL. 33169  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Carroll Hope* DIRECTOR June 28, 2003

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CR2E037 (4/02)