

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22601

1. Entity Name

FRIENDSHIP NETWORK, INC.

Principal Place of Business

P.O. BOX 69-3143 3393
MIAMI FL 33269

Mailing Address

P.O. BOX 69-3143 3393
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

Not Applicable

5. Certificate of Status Desired

☐ \$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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE P
NAME OTTATO, PHILLIP
STREET ADDRESS P.O. BOX 69-3143
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE VP
NAME ACTON, LORI
STREET ADDRESS 100 S.W. 84TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL ☒ Delete

TITLE T
NAME PRATT, CAROL H
STREET ADDRESS P.O. BOX 69-3143
CITY-ST-ZIP MIAMI FL 33269 ☒ Delete

TITLE SD
NAME PELL, FRED
STREET ADDRESS 62 S.W. 72 STREET #D6
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE D
NAME JOYNER, OPREE
STREET ADDRESS 1957 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JACKIE GONZALEZ
NAME 1492 W FLAGLER ST OTTATO, PHILLIP
STREET ADDRESS P.O. BOX 69-3143
CITY-ST-ZIP MIAMI, FL. 33135 MIAMI FL 33269 ☐ Change ☒ Addition

TITLE TREASURER
NAME JACKIE GONZALEZ
STREET ADDRESS 1492 W. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL. 33135 ☐ Change ☒ Addition

TITLE MCGILL, LOVETTE
NAME 4175 W 20 AVB
STREET ADDRESS MIAMI FL 33147
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE PELL, FRED
NAME same
STREET ADDRESS SD
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE JOYNER, OPREE
NAME 1957 JACKSON STREET
STREET ADDRESS HOLLYWOOD FL. 33056
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE DIRECTOR
NAME CAROL HOPE
STREET ADDRESS 1492 NW 196 Street
CITY-ST-ZIP Miami, FL. 33169 ☐ Change ☒ 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:

SIGNATURE: [Signature] DIRECTOR June 28, 2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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