


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90233 019 \*\*\*\*61.25

**DOCUMENT # N35046**

1. Entity Name  
**ESTHER NETWORK INTERNATIONAL, INC.**



Principal Place of Business  
**854 CONNISTON RD  
WEST PALM BEACH FL 33405  
US**

Mailing Address  
**C/O ESTHER S. ILSKY  
2840 FARRAGUT LANE  
WEST PALM BEACH FL 33409**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0196524**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**ILNISKY, ESTHER S.  
2840 FARRAGUT LANE  
WEST PALM BEACH FL 33409**

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. 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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>VTD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>ILNISKY, WILLIAM N.</b>   |                                 |
| STREET ADDRESS | <b>2840 FARRAGUT LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>W. PALM BEACH FL</b>      |                                 |
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>ILNISKY, ESTHER S.</b>    |                                 |
| STREET ADDRESS | <b>2840 FARRAGUT LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>W. PALM BEACH FL</b>      |                                 |
| TITLE          | <b>SD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>GOODWIN, DAISY</b>        |                                 |
| STREET ADDRESS | <b>11930 HARBOR COVE DR.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>       |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: *ESTHER S. ILSKY* ESTHER S. ILSKY 4/14/03 54-8326490

CR2E037 (10/02)