

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 022 ****61.25

DOCUMENT # N94000000756			
1. Entity Name BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.			
Principal Place of Business 1280 E 4TH ST LONG BCH CA 94902		Mailing Address 4201 WILSON BLVD #110-311 ARLINGTON VA 22203 US	
2. Principal Place of Business 10411 CARTILLA CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALTA LOMA CA		City & State	
Zip 91737	Country USA	Zip	Country

94010100



MOORE CR2E037 (11/03)

4. FEI Number 36-4005814	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAIRD, STEVEN K PA 6301 BISCAYNE BLVD, #208 MIAMI FL 33138		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 *Harry North* **2-14-2004**
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	NAME PENN, DENISE ☒ Delete	TITLE PRESIDENT D	NAME DENISE PENN ☐ Change ☒ Addition
STREET ADDRESS 1280 E 4TH ST	CITY-ST-ZIP LONG BEACH CA	STREET ADDRESS C/O 10411 CARTILLA CT.	CITY-ST-ZIP ALTA LOMA CA 91737
TITLE TD	NAME SINOWITZ, HEIDEE ☒ Delete	TITLE TREASURER D	NAME HEIDEE SINOWITZ ☐ Change ☒ Addition
STREET ADDRESS 2105 E FLORIDA #10	CITY-ST-ZIP LONG BEACH CA 90814	STREET ADDRESS 2105 E. FLORIDA #110	CITY-ST-ZIP
TITLE SD	NAME NORTH, GARY ☐ Delete	TITLE	NAME
STREET ADDRESS 10411 CATILLA CT	CITY-ST-ZIP RANCHO CUCAMONGA CA 91737	STREET ADDRESS	CITY-ST-ZIP
TITLE PD	NAME GUREN, ALEXEI ☒ Delete	TITLE VP D	NAME LUIGI FERRER ☐ Change ☒ Addition
STREET ADDRESS 1528 CHERRY LANE PLACE SOUTH	CITY-ST-ZIP SEATTLE WA 98144	STREET ADDRESS 6700 SW 52ND ST.	CITY-ST-ZIP MIAMI FL 33155
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	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: *Harry North* **GARY NORTH** **2-14-2004** **800-585-9368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #