

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90013 035 \*\*\*\*70.00

40110004



03032008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N95000002641</b> 1. Entity Name <b>THE CAT NETWORK, INC.</b>					
Principal Place of Business <b>C/O KAREN RUNDQUIST 16955 SW 288TH STREET HOMESTEAD, FL 33030</b>			Mailing Address <b>P O BOX 347228 MIAMI, FL 33234</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0597008</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUNDQUIST, KAREN D 16955 SW 288TH STREET HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACAULEY, LYNN</b>		NAME		
STREET ADDRESS	<b>738 PERIWINKLE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBASTIAN, FL 329586102</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUNDQUIST, KAREN D</b>		NAME		
STREET ADDRESS	<b>16955 S.W. 288TH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRALL, CHARLENE</b>		NAME		
STREET ADDRESS	<b>2500 SW 13TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 331451213</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DRUMMOND, MARGOT</b>		NAME		
STREET ADDRESS	<b>9291 SW 68TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33173</b>		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEINBERG, JILL</b>		NAME	<b>Secretary</b>	
STREET ADDRESS	<b>16365 SW 87TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHOOLEY, SARAH D.</b>		NAME		
STREET ADDRESS	<b>525 SANLANDER AVENUE, # 4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
<b>SIGNATURE:</b> <i>Karen Rundquist</i>			<b>5/30/08 (305) 447-0019</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment to Filing for The Cat Network, Inc. Document #N95000002641

ATTACHMENT

401100041

List of Additional Directors and Officers

Director:

Mallory, Gina  
645 Minorca Avenue  
Coral Gables, Florida 33130

Director:

Clouser, Megan  
10261 SW 88<sup>th</sup> Street  
Miami, Florida 33176

Director/ President:

Mora, Sylvia  
2261 SW 17 St.  
Miami, FL 33145

Director:

Mayes, Nancy  
8821 SW 198<sup>th</sup> Street  
Miami, Florida 33157

Director/Assistant Treasurer:

Stamps, Jim  
2910 SW 1<sup>st</sup> Street  
Miami, Florida 33135-1323

Director/Vice President:

Jackson, Sue  
7885 SW 132 Street  
Miami, Florida 33156

Director:

Gonzalez, Maria  
6461 SW 20 Street  
Miami, Florida 33125