

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002641

FILED
Jun 05, 2009
Secretary of State

Entity Name: THE CAT NETWORK, INC.

Current Principal Place of Business:

C/O KAREN RUNDQUIST
16955 SW 288TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P O BOX 347228
MIAMI, FL 33234

New Mailing Address:

FEI Number: 65-0597008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUNDQUIST, KAREN D
16955 SW 288TH STREET
HOMESTEAD, FL 33030 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACAULEY, LYNN
Address: 738 PERIWINKLE DRIVE
City-St-Zip: SEBASTIAN, FL 329586102

Title: D () Delete
Name: RUNDQUIST, KAREN D
Address: 16955 S.W. 288TH
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: GRALL, CHARLENE
Address: 2500 SW 13TH ST
City-St-Zip: MIAMI, FL 331451213

Title: D () Delete
Name: CLOUSER, MEAGAN
Address: 10261 SW 88TH STREET
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: STEINBERG, JILL
Address: 16365 SW 87TH COURT
City-St-Zip: MIAMI, FL 33157

Title: P () Delete
Name: MORA, SYLVIA
Address: 2261 SW 17 ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN D. RUNDQUIST

D

06/05/2009

Electronic Signature of Signing Officer or Director

_____ Date