

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004801

FILED  
Jan 14, 2003  
Secretary of State

Entity Name: ARK COMMUNICATIONS NETWORK, INC.

**Current Principal Place of Business:**

2100 TREYMORE DRIVE  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

2100 TREYMORE DRIVE  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 59-3400485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEMAN, DANIEL C JR. CPA  
5250 S. U.S. HIGHWAY 17/92  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: CHAPARRO, NOE  
Address: 106 TATE COURT  
City-St-Zip: ORLANDO, FL 32828

Title: VD ( ) Delete  
Name: ORTIZ, EDWIN  
Address: P.O. BOX 820814  
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: STD ( ) Delete  
Name: DIAZ, ELIZABETH  
Address: 2611 DECK AVENUE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: GOMEZ, LUIS  
Address: 1500 S. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: CANDELANIO, ROBERTO REV.  
Address: 4365 KENNEDY AVENUE  
City-St-Zip: ORLANDO, FL 32812

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NOE CHAPARRO

PD

01/14/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date