

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000005135

Entity Name: BIZNET EXCHANGE, INC.

FILED
Apr 23, 2003
Secretary of State

Current Principal Place of Business:

7667 WEST SAMPLE ROAD #265
POMPANO BEACH, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

7667 WEST SAMPLE ROAD #265
POMPANO BEACH, FL 33065 US

New Mailing Address:

FEI Number: 65-0696687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, HECTOR
2929 EAST COMMERCIAL BLVD
SUITE 705
FT. LAUDERDALE, FL 33308 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: TD () Delete
Name: MEANS, LAURENCE R
Address: 7667 WEST SAMPLE ROAD #265
City-St-Zip: POMPANO BEACH, FL 33065

Title: PD () Delete
Name: MEDINA, HECTOR
Address: 2929 EAST COMMERCIAL BLVD, SUITE 705
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VD () Delete
Name: MCCLELLAN, SUZANNE
Address: 2500 N MILITARY TRAIL STE 465
City-St-Zip: BOCA RATON, FL 33431

Title: ASD () Delete
Name: ASHFORD, JANET
Address: 850 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BERRY, MICHAEL
Address: 2255 GLADES ROAD, SUITE 200 E.
City-St-Zip: BOCA RATON, FL 33431

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: LAURENCE MEANS

TD

04/23/2003

Electronic Signature of Signing Officer or Director

Date