

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90170 037 ****70.00

DOCUMENT # N96000006621

1. Entity Name
PROFESSIONAL SPEAKERS NETWORK, INC.



Principal Place of Business
**9723 NE 2ND AVE
MIAMI SHORES FL 33138
US**

Mailing Address
**PO BOX 540821
OPA LOCKA FL 33054
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0713925**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUPREE, MARTHENIA
15211 N.W. 33 COURT
OPA LOCKA FL 33054**

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 *X*

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DUPREE, MARTHENIA	
STREET ADDRESS	15211 NW 33 COURT	
CITY-ST-ZIP	OPA LOCKE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, W STEVEN	
STREET ADDRESS	7715 SW 86 ST ST A2-405	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSS, TIFFANY	
STREET ADDRESS	P.O. BOX 540821	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, BLONDIE	
STREET ADDRESS	61 NW 47 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNT, SAMUEL	
STREET ADDRESS	000000000000	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, LOUISE	
STREET ADDRESS	3490 CHARLES AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *X Marthenia Dupree* **MARTHENIA DUPREE** 4/16/03 305-759-7655

CR2E037 (10/02)