

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90066 020 \*\*\*\*61.25

**DOCUMENT # N98000006533**

1. Entity Name  
**BROWARD NETWORK GROUP, INC.**



Principal Place of Business  
**% SAWYER & LATIMER, P.A.  
6550 N. FEDERAL HWY., STE. 330  
FT. LAUDERDALE, FL 33308-1400**

Mailing Address  
**% SAWYER & LATIMER, P.A.  
6550 N. FEDERAL HWY., STE. 330  
FT. LAUDERDALE, FL 33308-1400**

40000



2. Principal Place of Business - No P.O. Box #  
**1400 E. OAKLAND PK BLVD.**  
Suite, Apt. #, etc.  
**102**

3. Mailing Address  
**1400 E. OAKLAND PARK BLVD**  
Suite, Apt. #, etc.  
**102**

City & State  
**FT. LAUDERDALE FL**  
Zip  
**33334**

City & State  
**FT. LAUDERDALE FL**  
Zip  
**33334**

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0875781**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAWYER, THOMAS R II**  
**6550 N. FEDERAL HWY., STE. 330**  
**FT. LAUDERDALE, FL 33308-1400 #102**  
**1400 E. OAKLAND PK BLVD**  
**FT. LAUDERDALE, FL**  
**33334**

7. Name and Address of New Registered Agent

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

*Thomas R Sawyer*

*Thomas R Sawyer*

*1-8-08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**SAWYER, THOMAS E II**  
**6550 N. FEDERAL HWY #330**  
**FT. LAUDERDALE, FL 333081400** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**LONGSTROTH, RUSSELL**  
**3111N. ANDREWS AVENUE**  
**FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**ARPIN, DON**  
**4920 N. DIXIE HWY**  
**FORT LAUDERDALE, FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**1400 E. OAKLAND PK. BLVD. #102**  
**FT. LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 all other like empowered.

**SIGNATURE:**

*Thomas R Sawyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-08*

Date

*954-491-7233*

Daytime Phone #