2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90022 016 ****61.25

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1. Entity Name
~~MCOLA MANATEE CITIZENS FOR OFF LEASH AREAS, INC.~~ Name change
Animal Network Inc.

Principal Place of Business	Mailing Address
5102 30 STREET WEST BRADENTON, FL 34207 US	5102 30 STREET WEST BRADENTON, FL 34207 US

03232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1201 1/2 42nd St W	1201 1/2 42nd St W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34205 Country: US	Zip: 34205 Country: US

4. FEI Number: NOT APPLICABLE ☐ 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
~~CRAWFORD, LAURIE~~ ~~5102 30 STREET WEST~~ ~~BRADENTON, FL 34207~~	Name Street Address (P.O. Box Number is Not Acceptable): 1201 1/2 42nd St W City: Bradenton FL Zip Code: 34205

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: Laurie Crawford LAURIE CRAWFORD PRESIDENT 3/23/04
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, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAWFORD, LAURIE 5102 30TH ST W BRADENTON, FL 34207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D RUSSELL, HILDY 4003 BAYSIDE CT BRADENTON, FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8114 Woodlawn Cir S Palmetto FL 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D KOLZE, SUE 610 IXORA AVE ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECD THOMPSON, KATHLEEN 119 32ND ST W BRADENTON, FL 34205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMPSON, JOANNE 2380 33RD AVE. DR. W BRADENTON, FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secr~~ Board of Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINNAN, LINDA 304 69TH ST NW BRADENTON, FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☒ Change ☐ Addition

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: Hildy Russell HILDY RUSSELL 3/23/04 813 247-6282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #