9/10/01-90047-006-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

0564141

DOCUMENT # P00000002119

1. Entity Name

THE LOAN SHOPPING NETWORK.COM, INC.

FILED

01 OCT 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
588 ST. JOHNS BAY PORT ST. LUCIE FL 34986	588 ST. JOHNS BAY PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1335A NW St. Lucie W. Blvd	1335A NW St Lucie West Blvd
Suite, Apt. #, etc.: 245	Suite, Apt. #, etc.: 245
City & State: Port St. Lucie, FL	City & State: Port St. Lucie FL
Zip: 34986 Country: USA	Zip: 34986 Country: USA

4. FEI Number: 650941933 ☐ 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
SAMMARONE, DOMINICK 588 ST. JOHNS BAY PORT ST. LUCIE FL 34986	Name: Michelle Whittington Street Address (P.O. Box Number is Not Acceptable): 1335A NW St. Lucie West Blvd #245 City: Port St. Lucie FL Zip Code: 34986

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.

SIGNATURE: DSammarone 2/11/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dominick F. Sammarone 1335A NW St. Lucie West Blvd. Unit 245 Port St. Lucie FL 34986 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michelle Whittington 1335A NW St. Lucie West Blvd. Unit 245 Port St. Lucie FL 34986 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DSammarone President 2/11/01 561-873-9135 x.43

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle Whittington 10/1/01 561-873-9135 x.43