2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2002 8:00 am secretary of State P00000035742 DOCUMENT # COUNTRYWIDE REALTY NETWORK, INC. Principal Place of Business Mailing Address 639 EAST OCEAN AVENUE SUITE 101 639 EAST OCEAN AVENUE SUITE 101 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Busines 3. Mailing Address SAME JINSUN CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-1051236 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROCHU, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7 PAXFORD LANE **BOYNTON BEACH FL 33426** 8. The above named entity submits this state purpose of changing its registered office or registered agent, or both, in the State of Florida name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing réquirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) **PST** TITLE ☐ Delete ☐ Addition BROCHU, RICHARD A NAME 7 PAXFORD LANE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition **BROCHU, NICOLE** NAME NAME 7 PAXFORD LANE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP ___ Delete__ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling dees not evalify 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 of the 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 of the true and accurate and that my name appears in Block 11 or Block 12 if

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