

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90165 049 \*\*\*150.00

**DOCUMENT # P00000071587**



1. Entity Name  
**AMERICAN NETWORK COMMUNICATIONS, INC.**

Principal Place of Business  
**1599 SW 30TH AVENUE  
SUITE 1  
BOYNTON BEACH FL 33426**

Mailing Address  
**1599 SW 30TH AVENUE  
SUITE 1  
BOYNTON BEACH FL 33426**

2. Principal Place of Business  
**1420 SW 30<sup>th</sup> AVE**

3. Mailing Address  
**1420 SW 30<sup>th</sup> AVE**

Suite, Apt. #, etc.  
**SUITE 4**

Suite, Apt. #, etc.  
**SUITE 4**

City & State  
**BOYNTON BEACH FL**

City & State  
**BOYNTON BEACH FL**

Zip  
**33426**

Country  
**USA**

Zip  
**33426**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1029561**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COSTA, STEPHEN E  
1599 SW 30TH AVENUE, SUITE 1  
BOYNTON BEACH FL 33426**

**7. Name and Address of New Registered Agent**

Name  
**COSTA, STEPHEN E.**

Street Address (P.O. Box Number is Not Acceptable)  
**1420 S.W. 30<sup>th</sup> AVENUE**

**SUITE 4**

City  
**BOYNTON BEACH** FL Zip Code  
**33426**

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 *Stephen E. Costa* **PRESIDENT** DATE **4-21-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PSTD	COSTA, STEPHEN E	1420 SOUTHWEST 30TH AVENUE	BOYNTON BEACH FL 33426	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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: *Stephen E. Costa* DATE: **(561) 742-2793**

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

CR2E034 (10/02)