

FILED
Mar 14, 2002 8:00 am
Secretary of State

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1. Entity Name
FAMILY AFFAIR NETWORK INC.

Principal Place of Business	Mailing Address
11624 HALETHORPE DRIVE	11624 HALETHORPE DRIVE
JACKSONVILLE FL 32223	JACKSONVILLE FL 32223

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & State

4. FEI Number **59-3662384**

Applied For
Not Applicable

Zip	Country	Zip	Country
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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**

KENNEY, THERESA M ESQ.
FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257


Name MR. MICHAEL A. DAVIS

Street Address (P.O. Box Number is Not Acceptable)
11624 HALETHORPE DR.

Sparks, NV

City **FL** Zip Code **33223**

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  (NOTE: Registered Agent signature required)

03-04-02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL	
STREET ADDRESS	11624 HALETHORPE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVIS, MICHAEL		
STREET ADDRESS	11624 HALCIBARGE DR.		
CITY - ST - ZIP	JACKSONVILLE FL. 32223		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VP.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATRIZIA MANZI DAVIS		
STREET ADDRESS	11624 HALETHORPE DR.		
CITY - ST - ZIP	SACKSONVILLE, FLA.		32223

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	


☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR. MICHAELA DAVIS (904) 318-1247
03-26-20 Date Daytime Phone #

CR2E034 (9/01)