

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000079648**1. Entity Name
EMPLOYEE SHOPPING NETWORK, INC.

Principal Place of Business 2235 BREVARD ROAD NE ST PETERSBURG FL 33704	Mailing Address 2235 BREVARD ROAD NE ST PETERSBURG FL 33704
---	---

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELTZER MICHAEL
8550 ULMERTON ROAD STE 100LARGO FL
33704 US

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPD ☐ Delete
NAME MUELLER ROBERT
STREET ADDRESS 367 DUNSMUIR TERRACE STE 5
CITY-ST-ZIP SUNNYVALLE CA 94086TD ☐ Delete
NAME WILBUR PAUL
STREET ADDRESS 113 MICHIGAN BLVD
CITY-ST-ZIP DUNEDIN FL 34698SD ☐ Delete
NAME NEFF DAVID
STREET ADDRESS 864 HELENA DRIVE
CITY-ST-ZIP SUNNYVALLE CA 94086PD ☐ Delete
NAME SELTZER MARJORIE
STREET ADDRESS 2235 BREVARD ROAD NE
CITY-ST-ZIP ST PETERSBURG FL 33704TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP CURCIO AUGUST R 2902 WILDERNESS BLVD E PARRISH FL 34219TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPVPD ☒ Change ☐ Addition
NAME SELTZER MARJORIE
STREET ADDRESS 2235 BREVARD ROAD NE
CITY-ST-ZIP ST PETERSBURG FL 33704TITLE ☐ Change ☐ 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: August R. Curcio

PD 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)