

08-12-2004 90005 001 ***150.00
P00000079648

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000079648

1. Entity Name
EMPLOYEE SHOPPING NETWORK, INC.



Principal Place of Business
535 CENTRAL AVE
SAINT PETERSBURG, FL 33701

Mailing Address
5401 CENTRAL AVE
SAINT PETERSBURG, FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3679340

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

MCATEE, CAROL
5401 CENTRAL AVE
SAINT PETERSBURG, FL 33710

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 (If Any)

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MUELLER, ROBERT
367 DUNSMUIR TERRACE STE 5
SUNNYVALE, CA 94088 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
CURCIO, AUGUST R
2902 WILDERNESS BLVD E
PARRISH, FL 34219 ☐ Delete

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

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (If)

ATTACHMENT
24109750

Employee Shopping Network, Inc.
535 Central Avenue
St. Petersburg, FL 33701

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Agent:


RE: Employee Shopping Network, Inc.
Document #P00000079648

Please abate the late filing penalty for the above referenced Uniform Business Report for the 2004 year. This report and the accompanying payment were remitted to you with another company of the same ownership.

The Employers Answer Group, LLC was updated for 2004 in your records as of May 4, 2004.

Thank you very much for your prompt attention to this matter.

Best regards,


August Curcio