2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002991

Name:

Address:

City-St-Zip:

7927 DWYER DR.

JACKSONVILLE, FL 32244

FILED Mar 09, 2004 Secretary of State

Entity Name: AFFILIATES NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 10401 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 10401 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 FEI Number: 59-3692149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENNON, LARRY DALE 10401 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KENNON, LARRY DALE KENNON, PEGGY T Name: Name: 1854 INGRESIDE AVE 1854 INGLESIDE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205 Title: () Delete Title: () Change () Addition SCHOEFF, SARAH E

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: PEGGY T KENNON 03/09/2004